

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90052 022 ****50.00

DOCUMENT # L99000007683

1. Entity Name

BAYWOOD U.S.A., L.L.C.



Principal Place of Business

200 S BISCAYNE BLVD
6TH FLR
MIAMI FL 33131

Mailing Address

200 S BISCAYNE BLVD
6TH FLR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0974697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida: I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **POBLETE, EDUARDO**
STREET ADDRESS **GRUZ DEL SUR 133 OFICINA 708**
CITY-ST-ZIP **LAS CONDES, SANTIAGO, CHILE**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Amelia A. Cabezas**
STREET ADDRESS **Rosario Sur 91 oficina 101**
CITY-ST-ZIP **Las Condes Santiago Chile**

TITLE **MGRM** ☐ Delete
NAME **PEREIRA, EDUARDO**
STREET ADDRESS **ROSARIO SUR 91 OFICINA 101**
CITY-ST-ZIP **LAS CONDES, SANTIAGO, CHILE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

EDUARDO PEREIRA

AGOSTO 22, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #