2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M02000001835 ·

1. Entity Name BAIA, LLC



FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

121 E. FRONT ST., STE. 200 TRAVERSE CITY, MI 49684 Mailing Address

121 E. FRONT ST., STE. 200 TRAVERSE CITY, MI 49684



01212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1425901

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K ESQ. 407 E. MARION AVE., STE. 101 PUNTA GORDA, FL 33950

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			0.7102
	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered agent, or both, in the State	e of Florida I am familiar with, and accept
SIGNATL			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		·
TITLE	MGR		
NAME	LAGINA, MARTIN G		

STREET ADDRESS | 121 E FRONT ST., STE. 200 CITY-ST-ZIP TRAVERSE CITY, MI 49684 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

IN G. LAGINA

1/22/07

231-935-450

Daytime Phone