## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M05000001921

1. Entity Name

BALAYE FLORIDA MEMBER, LLC



Principal Place of Business

12100 WILSHIRE BLVD., SUITE 250 LOS ANGELES, CA 90025 Mailing Address

12100 WILSHIRE BLVD., SUITE 250 LOS ANGELES, CA 90025

## FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90379 001 \*1,600.00



DO NOT WRITE IN THIS SPACE

03162007No Chg-LLC CR2E083 (11/05)

4. FEI Number	
20-2534332	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

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 v	when reinstating) DAT	DATE	
	iling Fee Is \$50.00 ue by May 1, 2007		1955		
9.	MANAGING MEMBERS/MANAGERS	9			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRANCE CENTER NORTH, A CA. LLC 12100 WILSHIRE BLVD., SUITE 250 LOS ANGELES, CA 90025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Î.	DO NOT WRI	<b>TE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPAC		

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 liability company or the receiver or tustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/2007

(310) 826 - 730

Daytime Phone #