DOCUMENT # A9400001187  1. Entity Name  MARINA VILLAGE BAYWAY, LTD.						FILED	STATE	
					SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business  ### FOUNTAINS BAYWAY, INC.  ### FOUNTAINS BAYWAY, INC.  #### FOUNTAINS BAYWAY, INC.  ###################################					00 APR 24 AM 3: 05			
Principal Place of Business     Address     Address					-{			
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	59-3265420	Applied For Not Applicable		
Zip			Countr	У	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ANUTED MARKET				Name				
MILLER, MARK E 3802 S. WEST SHORE BOULEVARD TAMPA FL 33611				Street Address (P.O. Box Number is Not Acceptable)  City   Zip Code				
				re				
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or register	ed agent, or both,	in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)	DATE		
9. Capital Contributions as Shown on record.  \$550,000.00 in FLORIDA to date				1,000		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE INFORMATION	
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS ENT / NOT be changed on th	FITY MU e form;	JST BE REGIST an amendmen	TERED AND AC t must be filed	TIVE WITH THIS OFFICE to change a general par	z. tner.	
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT # NAME	FOUNTAINS BAYWAY, INC.			T ADDRESS				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33611		CITY-	ST-ZIP				
DOCUMENT# NAME			STREE	T ADDRESS	3000032569235 -05/18/0001025003 ****141.25 *****141.25			
STREET ADDRESS CITY-ST-ZIP			СПҮ-	ST-ZIP	****141.20 *****112.00			
DOCUMENT# NAME			STREE	T ADDRESS	~;× -	The second secon		
STREET ADDRESS CITY+ST-ZIP			CITY-	ST-ZIP				
DOCUMENT# NAME			STREE	TADDRESS				
STREET ADDRESS CITY - ST - ZIP				ST-28P				
DOCUMENT# NAME			STREE	TADORESS				
STREET ADDRESS CITY - ST - ZIP				ST-ZIP				
DOCUMENT # NAME				TADORESS				
STREET ADDRESS CITY-ST-ZIP				ST-ZIP		Advisor si		
14. I hereby o	certify that the information supplied with on this report is true and accurate and t	this filing does not qualify for hat my signature shall bave to	the exen	nption stated in Se legal effect as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I further cei hat I am a General Partner of	rtify that the information the limited <b>s</b> artnership or	

STEVEN R. ZARITSKY 4/20/2000