

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 021 ****50.00

0013630

DOCUMENT # L01000003317

1. Entity Name
BAY ESTATES AT PINETREE DRIVE, L.L.C.



| | |
|---|---|
| Principal Place of Business 1200 BRICKELL AVE. SUITE 900 MIAMI FL 33131 | Mailing Address 1200 BRICKELL AVE. SUITE 900 MIAMI FL 33131 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 7800 Red Road | 3. Mailing Address 7800 Red Road |
|--|--|

| | |
|---------------------------------------|--|
| Suite, Apt. #, etc. STE 218 | Suite, Apt. #, etc. STE. 218 |
|---------------------------------------|--|

| | |
|---------------------------------------|--|
| City & State South Miami FL | City & State SOUTH MIAMI, FL |
|---------------------------------------|--|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33143 | Country USA | Zip 33143 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

| | | |
|------------------------------------|-------------|----------------|
| 4. FEI Number 65-1090395 | APPLIED FOR | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$5.00 Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE.
SUITE 900
MIAMI FL 33131**

Name **FRANK J AMEDIA**
Street Address (P.O. Box Number is Not Acceptable)
7800 RED ROAD, STE 218
City **SOUTH MIAMI** FL Zip Code **33143**

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 DATE **4-25-03**

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, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AMEDIA, FRANK J 7800 RED ROAD SUITE 218 SOUTH MIAMI FL 33143 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: SIGNATURE REQUIRED

4/25/03

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

Date

Daytime Phone #

CR2E083 (10/02)