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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # L01000010171 1. Entity Name 02-05-2002 90118 002 ****50.00 BAY4 CAPITAL PARTNERS, LLC Principal Place of Business Mailing Address 7650 WEST COURTNEY CAMPBELL CSWY. STE 1120 7650 WEST COURTNEY CAMPBELL CSWY. STE 1120 TAMPA FL 33607 **TAMPA FL 33607** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-5727226 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BIDINGER, CLAY M Street Address (P.O. Box Number is Not Acceptable) 7650 WEST COURTNEY CAMPBELL CSWY, STE 1120 **TAMPA FL 33607** Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition MGRM TITLE TITLE ☐ Delete Clay M. Biddinger NAME 7650 W. Courtney Campbell Cswy. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP# CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

1/33/02 8/3/387-4087 Date Daytime Phone # SIGNATURE: ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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 trusted employeed to execute this report as required by Chapter 608, Florida Statutes.