

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004392 AF

DOCUMENT # **L97000000496**
1. Entity Name
ERIN BAY ASSOCIATES, LLC

00 MAR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf417



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
90 NW 164TH STREET 90 NW 164TH STREET
NORTH MIAMI BEACH FL 33169 NORTH MIAMI BEACH FL 33169-6526

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0774668** Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LEE YUEN, LESLEY ANN
90 NW 164TH STREET
NORTH MIAMI BEACH FL 33169

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME MEM LEE YUEN, LESLEY ANN STREET ADDRESS 90 NW 164TH STREET CITY - ST - ZIP NORTH MIAMI BEACH FL 33169	<input type="checkbox"/> Delete
TITLE NAME MEM GRAHAM, ADAM C STREET ADDRESS 90 NW 164TH STREET CITY - ST - ZIP NORTH MIAMI BEACH FL 33169	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME 9000003208329--8 -04/13/00--01123--016 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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: *Lesley Ann Lee Yuen* **LESLEY ANN LEE YUEN** 3/27/00 305 949-9026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)