

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90072 028 ****50.00

0065388

DOCUMENT # L99000001164

1. Entity Name
BAY4 CAPITAL, LLC



Principal Place of Business
**101 PHILIPPE PARKWAY, SUITE 300
SAFETY HARBOR FL 34695**

Mailing Address
**101 PHILIPPE PARKWAY, SUITE 300
SAFETY HARBOR FL 34695**

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2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BIDDINGER, CLAY M
101 PHILIPPE PARKWAY, SUITE 300
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name
No change

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *N/A* *No change.*

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / President BIDDINGER, CLAY M 101 PHILIPPE PARKWAY, STE. 300 SAFETY HARBOR FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Mgr clay m Biddinger 2841 cobblesstone Dr. Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Christopher R. Sullivan 738 Harbor Island Clearwater, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Braton Cole* **Braton Cole** 4/8/03 (777) 216-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)