

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 006 ****50.00

001414

DOCUMENT # L00000009091

1. Entity Name

THE ROYAL BAY GROUP, L.L.C.



Principal Place of Business

**1110 BRICKELL AVENUE, SUITE 504
MIAMI FL 33131**

Mailing Address

**C/O AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., #900
MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-1027660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

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

SIGNATURE

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 ☐ Delete
MGR THORNE, ROBERT F
STREET ADDRESS **1110 BRICKELL AVENUE, SUITE 504**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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

SIGNATURE REQUIRED

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

4/29/03 (305) 624-0770
Date Daytime Phone #

CR2E083 (10/02)