

2001 UNIFORM BUSINESS REPORT (UBR)

0004340 AF

DOCUMENT # **A00000001110**

1. Entity Name
BAY CLUB ASSOCIATES, LTD.

FILED

01 FEB 16 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2121 PONCE DE LEON BLVD., PH2
CORAL GABLES FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD., PH2
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEIN, SHAMIRA
100 SOUTHEAST SECOND STREET, SUITE 3500
BERMAN WOLFE RENNERT
MIAMI FL 33131-2130**

Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
City **Miami** FL Zip Code **33131**

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 Signature, typed or printed name of registered agent and title if applicable.

V.P. (NOTE: Registered Agent signature required when reinstating)

2/13/01 DATE

9. Capital Contributions as Shown on record

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L00000008297**
NAME **CORNERSTONE BAY CLUB, L.L.C.**
STREET ADDRESS **2121 PONCE DE LEON BLVD., PH2**
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

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****150.00 ****150.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)