

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000000546

1. Entity Name  
BAYHEAD, LTD.

FILED

2002 AUG -8 PM 12:31

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
442 W. Kennedy

3. Mailing Address  
P.O. BOX 2373

Suite, Apt. #, etc.  
SUITE 340

Suite, Apt. #, etc.

City & State  
Tampa, FL.

City & State  
St. Leo FL

4. FEI Number  
FIN 04-3641522

Applied For  
Not Applicable

Zip  
33606

Country  
USA

Zip  
33574

Country  
USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
RIEF, Frank J, III

Street Address (P.O. Box Number is Not Applicable)  
PO Rief + Strake

442 W. Kennedy BLVD.

City  
Tampa FL Zip Code  
33606

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record, 396,450.00

10. Amount of Capital Contributions in FLORIDA to date, 292,981

**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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Julia A Schrader  
PO Box 2373  
St. Leo FL 33574

STREET ADDRESS  
CITY - ST - ZIP

000005601070-5  
-05/24/02--01010--015  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Julia A. Schrader

4/30/02 352-588-4165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)