


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

DOCUMENT # **A01000000546**  
 1. Entity Name  
**Bayhead, Ltd**



FILED  
 03 JUN 13 PM 3:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**442 W Kennedy Suite 340**  
 City & State: **Tampa FL**  
 Zip: **33606** Country: **USA**

3. Mailing Address  
**P.O. Box 2373**  
 City & State: **St Leo FL**  
 Zip: **33574** Country: **USA**

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number  
**043641522**

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: **Frank J Rief III**  
 Street Address (P.O. Box Number is Not Acceptable):  
**442 W Kennedy Suite 340**  
 City: **Tampa USA FL 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **292,981.00**

10. Amount of Capital Contributions in FLORIDA to date: **304,718.54**

11. MAKE CHECK PAYABLE TO FL 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 #	<b>Julia Schraeder</b>	
NAME	<b>P.O. Box 92</b>	
STREET ADDRESS	<b>San Antonio, FL 33576</b>	
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
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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)(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: **Julia A Schraeder** **Julia A Schraeder**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E0038 (12/02)