2001 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT# A16	965				FILED			2383
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FLORIDA BAY DEVELOPMENT COMPANY, LTD.						SECRETARY OF	STATE		
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
8260 S.W. 159TH ST. 8260 SW 159 ST. MIAMI FL 33157 MIAMI FL 33157									
2. Principal f	Place of Business	3. Mailing Address				OOR IIQIQ BIIRB IDJIO OIIQI QIRI	QLƏLE BIBIL DIBIL QL	HLE	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & Stat	te	City & State	-		4. FEI Number	59-2386779		Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of	of Status Desired	\$8.75 Fee Rec	Additional uired	
	6. Name and Address of Cu	rrent Registered Agent			7. Name and	Address of New Regist	ered Agent		コ
TO ANT - OPLINGAL LID				Name					
TRANE, REUBEN J JR. 8260 SW 159TH ST.				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33157									Í
		•		City			FL Zip	Code	1
8. The above	named entity submits this statem	ent for the purpose of changing its	egister	ed office or register	ed agent, or both	, in the State of Florida.			
SIGNATURE ,	Signature, typed or printed name of registerer	d green and title if applicable (NOTI	Registere	d Agent signature required	When reinstation)	·	DATE		
9. Capital Contributions 10. Amount of Capita			Contril	Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE					
as Shown	0171000101	in FLORIDA to de		UST RE REGIST	ERED AND AC	SEE REVERSE SI		FORMATION (\dashv
	NOTE: General Partner	s MAY NOT be changed on th	₃ form			to change a genera	l partner.		1
12. DOCUMENT #	GENERAL PAR	RTNER INFORMATION	13.	<u> </u>		ADDRESS CHANGE	SONLY	<u> </u>	 ഉ
N AM E	TRANE, R. NICHOLAS II W7613 COUNTY HWY. 2B		STRE	ET ADORESS					Ĵξ
STREET ADDRESS (CITY-ST-ZIP			CITY	-ST-ZIP					R2E003 (11/00)
DOCUMENT #			STRE	ET ADDRESS					S
name Street Address (City-St-Zip	6481 RIVER POINT DRIVE		CITY-ST-ZIP						1
DOCUMENT # NAME			STRE	ET ADORESS		0000421 -05/22/01- 	01041-	-002	1
	Trane, reuben J Jr. 8260 SW 159TH ST. MIAMI FL		CITY	-ST-ZIP		***************************************	<u>~.) *****</u>	<u> 368. 63</u>	
DOCUMENT # NAME	171M WVI - 2-2		STRE	ET ADDRESS]
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indicated	on this report is true and accurate	d with this filing does not qualify for e and that my signature shall have the this report as required by Chapt	ne same	e legal effect as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I furthe hat I am a General Partr	er certify that the ner of the limite	e information d partnership or	