

2001 UNIFORM BUSINESS REPORT (UBR)

0005389 AF

DOCUMENT # **A16965**

1. Entity Name

FLORIDA BAY DEVELOPMENT COMPANY, LTD.

FILED

01 MAY -1 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



HJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8260 S.W. 159TH ST.
MIAMI FL 33157

8260 SW 159 ST.
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2386779

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

TRANE, REUBEN J JR.
8260 SW 159TH ST.
MIAMI FL 33157

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$90,000.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	TRANE, R. NICHOLAS II	W7613 COUNTY HWY. 2B	ONALASKA WI
	TRANE, GERALD H	6481 RIVER POINT DRIVE	GREEN COVE SPRINGS FL
	TRANE, REUBEN J JR.	8260 SW 159TH ST.	MIAMI FL

STREET ADDRESS	CITY-ST-ZIP
	3000004286949--G -05/22/01--01041--002 ****526.25 ****526.25

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: REUBEN J. TRANE JR 4-25-01 305 254-0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)