

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016182 AT

DOCUMENT # **A27767**



1. Entity Name
BAY LAKE LIMITED PARTNERSHIP

Principal Place of Business
**5312 SPRING HILL DRIVE
SPRING HILL FL 34606**

Mailing Address
**5312 SPRING HILL DRIVE
SPRING HILL FL 34606**

FILED
03 FEB -4 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2960586	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RYDELL, JEROME S 5063 CUMBERLAND LANE SPRING HILL FL 34607		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
9. Capital Contributions as Shown on record. \$760,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0	

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 #	P96000027757	STREET ADDRESS	
NAME	SIGMA FINANCIAL CAPITAL II, INC.	CITY-ST-ZIP	
STREET ADDRESS	5312 SPRING HILL DR.	STREET ADDRESS	400011631674
CITY-ST-ZIP	SPRING HILL FL 34606	CITY-ST-ZIP	02/04/03--01004--001 **150.00
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CITY-ST-ZIP		CITY-ST-ZIP	

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: *Jerome S. Rydell* **1-31-03** **8815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)