FILED

2002 UNIFOR		REPORT	(UBR)
DOCUMENT #	A30027		

1. Entity Nam	ie –					
BAY HARBOUR 90-1, LTD.		02	02 APR 17 AM 9: 05			
Principal Place of Business 777 3. HARBOUR ISLAND BLVD.: SUFFE 270 TAMPA FL 33502 TAMPA FL 33501			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 10 12 Y FOX hurst Court 10 12 Y FOX hurst Court 10 12 Y FOX hurst Court						
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & Stat	lo. Fi	Orlando, Fr		4. FEI Number	59-3009725	Applied For Not Applicable
3283	Country USA	33834	Country	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		. 7. Name and A	Address of New Registered	Agent
DAV HAD	DOLID INVESTMENTS INC	والمدين وووو	Name			
	BOUR INVESTMENTS, INC. Arbour Island Blvd., Suite 27	10124 Foxhur	Street Addres	s (P.O. Box Number	is Not Acceptable)	
	1 33602 -	Orlando, Pi				
	C 43042	32836	City			Zip Code
			Ony		F	L 2.0 0000
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	tered agent, or both	, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of reports of agent a	and title if applicable.			DATE	
9. Capital Contributions as Shown on record. 149.71.283.60- 10. Amount of Capital Contributions in FLORIDA to date. 149.719.383.60 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN	TITY MUST BE REG	STERED AND A	CTIVE WITH THIS OFFI	CE.
12.	GENERAL PARTNER	 	13.	ent mast be mee	ADDRESS CHANGES O	
DOCUMENT #	K74619	· ININY FOX	noors pressour			9
NAME	BAY HARBOUR INVESTMENTS, IN 777 3: HARBOUR ISLAND BLVD:					
STREET ADDRESS CITY-ST-ZIP	TAMPA FE 33602	orlando Pe	CITY-ST-ZIP			i d
DOCUMENT #			STREET ADDRESS			Č
NAME STREET ADDRESS					0005307	7738
CITY-ST-ZIP			CHY-SI-ZIP	JU	-04/19/020	11031026
NAME			STREET ADORESS		*****535.00	****535.00
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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: YILOZ (407)345-833L						
SIGNAI		PRINTED NAME OF SIGNING GENERA	L PARTNER	<u> </u>	Date	Daytime Phone #