

2001 UNIFORM BUSINESS REPORT (UBR)

1535.00

0012090 AF

DOCUMENT # **A96000000664**

1. Entity Name

MAGNOLIA POINTE OF BAY, LTD.

FILED

01 MAY -1 PM 6:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405	Mailing Address 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3371066	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HENRY, ROBERT F
1002 WEST 23RD STREET, SUITE 400
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

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. \$3,170,412.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	N43835
NAME	BAY EQUITY INVESTMENTS, INC.
STREET ADDRESS	C/O 1002 W. 23RD STREET, SUITE 400
CITY-ST-ZIP	PANAMA CITY FL 32405

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700004243347--7
CITY-ST-ZIP	05/18/01--01005--001
STREET ADDRESS	**45187.28 ****535.00
CITY-ST-ZIP	BK

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: *Ronnie Adams* SIGNATURE REQUIRED *Ronnie Adams, Pres* 4/23/01 850/762 8981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)