2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A97000000751

1. Entity Name

INTERBAY LIMITED

Principal Place of Business	Mailing Address
10714 CARROLL LAKE DRIVE	10714 CARROLL LAKE DRIVE
TAMPA FL 33618	TAMPA FL 33618

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3434640 / 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
HINES, JAMES P ESQUIRE	Name
HINES & ASSOCIATES, P.A.	Street Address (P.O. Box Number is Not Acceptable)
315 S. HYDE PARK AVENUE	
TAMPA FL 33606	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. **$204,402.00**	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 the 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	**ROYSTER, RAYMOND H TRUSTEE** **10714 CARROLL LAKE DRIVE** **TAMPA FL 33618**	STREET ADDRESS / CITY-ST-ZIP
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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: _____   3/26/01   8139350397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #