2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A9800001769 1. Entity Name				FILED
BREVARD BAYSIDE PROPERTIES, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address				00 MAY -4 PM 1: 33
200 WILLARD COCOA FL 32		200 WILLARD STREET COCOA FL 32922-8001		
	·			
	Place of Business ALMETTO AVE	3. Mailing Address P. 0. Box 309	ı	
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat		City & State	元	4. FEI Number Applied For Not Applicable
Zip	Country	Zip ,	Country	5 Certificate of Status Posited S8.75 Additional
3296	6. Name and Address of Current	32902 - 0309 Registered Agent		7. Name and Address of New Registered Agent
Name TEFFERIES BENJAMIN F.				
SELIG, MI			Street A	ddress (P.O. Box Number is Not Acceptable)
200 WILLARD STREET COCOA FL 32922				2 PALMETTO AVE.
COCOAT	L 02322		City	LBDURNE FL 32901
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.				
$A \cdot C \cap B$				
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. Capital Contributions as Shown on record. \$3,000,000.00 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 the form; an amendment must be filed to change a general partner.				
12.	GENERAL PARTNER	RINFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT# NAME STREET ADDRESS	P98000051208 Palm Bay Development Cori 200 Willard Street	PORATION	STREET ADDRESS	712 PALMETTO AVE
CITY-ST-ZIP	COCOA FL 32922		CITY-ST-ZIP	MELBOURNE, FL 32901
DOCUMENT # NAME	N/K/A AMENONE	NT FILED 12/10/99	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		EVELOPMENT COR		
DÔCUMENT#			STREET ADDRESS	-06/15/0001124016 -06/15/0001124016
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	************************************
DOCUMENT# NAME			STREET ADDRESS	,
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT#			STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT#	• .		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for the that my signature shall have the	he exemption sta e same legal effe	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am a General Partner of the limited partnership or

321-952-2414