2000 UNIFORM BU		(UBK)		:
DOCUMENT # A980	000002061		L I. K.	-1
BAYWATCH REALTY ASSOCIATES I, LTD.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
<u> </u>				
rincipal Place of Business 222 LAKEVIEW AVENUE. SIXTH FLOOR WEST PALM BEACH FL 33401	Mailing Address 222 LAKEVIEW AVENUE. SIXTH WEST PALM BEACH FL 33401-6		OO MAR 13 A	M IU: 03
· · · · · · · · · · · · · · · · · · ·				THE REPORT REPORT TO BE THE STATE OF THE STA
. Principal Place of Business	3. Mailing Address			
1240 U.S. Huy 1 1240 U.S. Suite, Apt. #, etc.		Hwy 1	DO NOT WRITE IN THIS SPACE	
NPB FL	City & State		4. FEI Number 65-0873280	Applied For Not Applicable
Zip Country SA	03408 Country Zipl 33408 Cour		5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Curr		Name	7. Name and Address of New Regis	stered Agent
CIOTOLI, EUGENE L ESQ. 222 LAKEVIEW AVENUE, SIXTH FLOOR WEST PALM BEACH FL 33401		Stregt Address (P.O.,Box Number is Not Acceptable)		
		1240 U.S. Hwy 1		- 8
NEOT TALK BENOTTE SO IST		City	PB	FL Zin Code 108
. The above named entity submits this stateme	nt for the purpose of changing its regist	tered office or regis	<u> </u>	<u> </u>
W/Ct	l·		3	11/2000
Signature, typed or printed name of registered a		tered Agent signature requ		DATE  AYABLE TO DEPT. OF STATE
. Capital Contributions \$7,500.0 as Shown on record.	in FLORIDA to date.		SEE REVERSE	SIDE FOR FEE INFORMATION
NOTE: General Partners	MAY NOT be changed on the for	rm; an amendm	STERED AND ACTIVE WITH THIS C ent must be filed to change a gene	ral partner.
OCUMENT# P98000032282		13.	ADDRESS CHANG	
TREET ADDRESS TY-ST-ZIP BAYWATCH REALTY ASSOC 222 LAKEVIEW AVENUE, SIX WEST PALM BEACH FL 3344	TH FLOOR	STREET ADDRESS	N. P. B., FL	33408
OCUMENT /	:	STREET ADDRESS		33408
AME TREET ADDRESS		CITY-ST-ZIP	r 3/21/00	
TY-ST-ZIP  OCUMENT#			14314100	
AME	S	STREET ADORESS		-
ITY-ST-ZIP		City-St-ZIP	<del>- 1500001</del>	
OCUMENT#		STREET ADORESS	<del>- 1000317</del> -03/22/00	-01025008
REET ADDRESS ITY-ST-ZIP	į į	CITY-ST-ZIP	****141.;	25 ****141.25
OCUMENT#	Ý / .	STREET ADDRESS		
IREET ADDRESS		CITY-ST-ZMP		
TY-ST-ZIP				
REET ADDRESS		STREET ADDRESS		
Y-ST-ZP  1. I hereby certify that the information supplied indicated on this report is true and accurate	and that my signature shall have the sa	ame legal effect as i	Section 119.07(3)(i), Florida Statutes. I fur if made under oath; that I am a General Pa	ther certify that the information intner of the limited partnership or
the receiver or trustee empowered to execu-	e this report as required by Chapter 62t	0, Florida Statutes	1 .	
IGNATURE:SGA	THRE GENUPAL	g/	3 1 2000	561-684-6600
SIGNATURE AND COP	DO OR PRINTED NAME OF SIGNING GENERAL PART	TNÈR	Date	Daytime Phone #