

## 2000 UNIFORM BUSINESS REPORT (UBR) APPROVED

J019106 AB

DOCUMENT # A99000001819

AND  
FILED

1. Entity Name

BAYWAKE LIMITED PARTNERSHIP

00 APR -3-AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TE

mg 4/13

Principal Place of Business

3885 S. DECATUR BLVD., STE. 2010  
LAS VEGAS NV 89103

Mailing Address

3885 S. DECATUR BLVD., STE. 2010  
LAS VEGAS NV 89103-5873

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

88-0439658

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

DEPASQUALE, CAARL  
4763 KITTIWAKE CT.  
NAPLES FL 34119

Name

CORRECT FIRST NAME IS CARL

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.

\$200,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0

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 # F99000005330  
NAME GULF AND SEVERN CORPORATION  
STREET ADDRESS 3885 S. DECATUR BLVD., STE. 2010  
CITY - ST - ZIP LAS VEGAS NV 89103

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)