l		
Ì		
I		
I		
I		

200	1 UNIFO	DRM BUS	NESS REPO)RT	(UBR)					
DOCUMENT # A9900001819 1. Entity Name										
BAYWAKE LIMITED PARTNERSHIP						FILED				
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			O1 MAY -3 PM 12: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2 Principal Physics Program										
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	te		City & State		4. FEI Numbe	88-0439658		Applied For Not Applicable		
Zip		ountry	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Additional ee Required	
·	6. Name and	Address of Current F	legistered Agent		Name	7. Name and	Address of New Register	ed Ag	ent	
DEDACOL	ME CADI				Ivame					
DEPASQUALE, CARL 4763 KITTIWAKE CT. NAPLES FL 34119				Street Address (P.O. Box Number is Not Acceptable)						
				City			=L	Zip Code		
8. The above		mits this statement for	the purpose of changing its			stered agent, or both	, in the State of Florida.	TE.		
9. Capital Contributions as Shown on record. \$200,000.00 In FLORIDA to dista				d Contrib		<u>, </u>	11. MAKE CHECK PAYA SEE REVERSE SIDE	BLE T		
	A GENI NOTE: Ger	ERAL PARTNER TH	AT IS A BUSINESS EN NOT be changed on the	e form	UST BE REG	ISTERED AND A	TIVE WITH THIS OFF	ICE. partn	er.	
12.		GENERAL PARTNER		13.			ADDRESS CHANGES			
DOCUMENT # NAME	F9900005330 GULF AND SEVERN CORPORATION			STRE	ET ADDRESS					
		85 S. DECATUR BLVD., STE. 2010 S VEGAS NV 89103			ST-ZIP		3000043340337 			
NAME STREET ADDRESS					ET ADORESS ST-ZIP	1.000	*****526。	25	****526, 25	
CITY-ST-ZIP DOCUMENT #				-	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	<u> </u>		·		
DOCUMENT # NAME				STREI	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP					
DOCUMENT # NAME STREET ADDRESS				Ī	ET ADDRESS					
CITY-ST-ZIP DOCUMENT #					ST-ZIP			<u></u>		
NAME STREET ADDRESS CITY-ST-ZIP					ST-ZIP	<u> </u>	<u></u>			

14. Thereby 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

GULFAND SEVERN COMPORATION, CAPLU. DEPASQUACE SECRETARY

Mand Lever Corporation De full