

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000509

1. Entity Name

BAY FRONT PARTNERS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 2:03



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4291 ROYAL MUSTANG WAY
LITHONIA GA 30058

Mailing Address
4291 ROYAL MUSTANG WAY
LITHONIA GA 30058-4012

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2250935

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

TRUJILLO, MARIO
3201 58TH STREET SOUTH
GULF PORT FL 33707

Name

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.

\$800,000.00 - 0 -

10. Amount of Capital Contributions in FLORIDA to date.

- 0 - 5000 14/95

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

DOCUMENT # M96000000386
NAME BAY FRONT MANAGEMENT, LLC
STREET ADDRESS 4291 ROYAL MUSTANG WAY
CITY - ST - ZIP LITHONIA GA 30058

13.

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/29/00 770 736 8626

paid minimum \$141.25 check # 1201.

CR2E003 (9/99)