

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F71350

1. Entity Name  
BAY COLONY HOMES, INC.

FILED

AMENDED 2002  
02 MAY 21 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o George D. Perlman Suite, Apt. #, etc. 701 Brickell Av. #3000 City & State Miami, Florida	3. Mailing Address c/o George D. Perlman Suite, Apt. #, etc. 701 Brickell Av. #3000 City & State Miami, Florida
Zip 33131	Country U.S.A.
Zip 33131	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0102062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name George D. Perlman, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue	
Suite 3000	
City Miami	
FL	Zip Code 33131

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D KEHRMANN, MARLIESE c/o 701 Brickell Av. #3000 Miami, FL 33131
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005678098- -06/04/02-01082-003 *****61.25 *****61.25
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CEDRATI, DENA c/o 701 Brickell Av. #3000 Miami, FL 33131
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dena Cedrati* Dena Cedrati, Assistant Secretary 5/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**