Amended

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000005265

1. Entity Name
BAYFAIR ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3717 NORTH B STREET	3717 NORTH B STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3643677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MILLER, RANDELL M.

Street Address (P.O. Box Number is Not Acceptable): 315 SOUTH HYDE PARK AVE

City: TAMPA FL Zip Code: 33606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1st of Every Other Year

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT
NAME	J. MICHAEL MORRIS
STREET ADDRESS	3717 NORTH B STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VICE PRESIDENT
NAME	DAVID G. SEIDENBERG
STREET ADDRESS	3717 NORTH B STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	SECRETARY
NAME	ERNEST L. ANGELILLI
STREET ADDRESS	3717 NORTH B STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X _____ 4-23-02 (813) 875-3800
SIGNATURE AND PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #