SOUTHERN BAY PARTNERS, LLC  Principal Place of Business  1473 VIA PORTOFINO NAPLES FL 34108  1473 VIA PORTOFINO NAPLES FL 34108  1473 VIA PORTOFINO NAPLES FL 34108  3. Mailing Address 5. 415 Jacq et R. # A  Sulfa, Apt. #, etc. A  Sulfa, Apt. #, etc. City & State Zip 3. Ylo 9  Country 3. Name and Address of New Registered Agent  NAPLES-LAWDOCK, INC. 4501 TAMMAMI TRAIL NORTH, SUITE 300  NAPLES FL 34103  City  FL  Zip Code  S. 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.  FILE NOW!!! FEE IS \$50.00  Make Check-Payable to Department of States Due By September 26, 2001
Principal Place of Business  1473 VIA PORTOFINO NAPLES FL 34108  1473 VIA PORTOFINO NAPLES FL 34108  2. Principal Place of Business 3. Mailing Address 5. 41.5 Jacq v. Rs. #A  Suita Apt. #, etc. A  City & State 2. Principal Place of Business 5. 41.5 Jacq v. Rs. #A  Suita Apt. #, etc. A  City & State 2. Principal Place of Business 5. City & State 2. Principal Place of Business 5. Vista Apt. #A  Suita Apt. #, etc. A  City & State 2. Principal Place of Business 5. City & State 6. Size Apt. #A  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable 1. Name and Address of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, SUITE 300  NAPLES FL 34103  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Florida  SIGNATURE .  Signature, Typed or period name of registered agent and site if applicable.  (NOTE Registered Agent agenture required when remainshing)  DATE  FILE NOW!!! FEE IS \$50.00  Make City City State  City State  PATE  Note Registered Agent, or both, in the State of Florida  FILE NOW!!! FEE IS \$50.00  Make City City State  PATE  PATE  SECRETARY OF STATE  I ALL'AHASSEE FLORY  I ALL'AHASSEE FLORY  I Applied For  Not Applie
1473 VIA PORTOFINO NAPLES FL 34108  1473 VIA PORTOFINO NAPLES FL 34108  1473 VIA PORTOFINO NAPLES FL 34108  SECRETARY OF STATE FALL AHASSEE, FL GRIDA  Suite, Apt. #, etc. A  Suite, Apt. #, etc. A  City & State  City & State  Country  Zip  Country  3 Y / 0 9  Country  6. Name and Address of Current Registered Agent  Name  NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, SUITE 300  NAPLES FL 34103  SIGNATURE  Signature, typed or printed name of registered agent and 186 if applicable.  (NOTE: Registered Agent included when remissing)  FILE NOW!!! FEE IS \$50.00  Make Check-Payable-to Department of: States  SECRETARY OF STATE FALL AHASSEE, FL GRIDA  SECRETARY OF STATE FALL AHASSEE, FL GRIDA  I FALL AHASSEE, FL GRIDA  Applied For Not Applied For No
Suite, Apt. #, etc.  City & State  Vap les  City & State  Vap les  City & State  Vap les  Country  3 4/0 9  Country  3 5. Certificate of Status Desired  \$5.00 Additional Fee Required  Fee Required  Name  NAPLES-LAWDOCK, INC.  4501 TAMIAMI TRAIL NORTH, SUITE 300  NAPLES FL 34103  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and 19th if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check-Payable to Department of States
City & State    City & State   City
Zip 3 4/0 9 Country 3 4/0 9 Country 3 5. Certificate of Status Desired \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103  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  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State
6. Name and Address of Current Registered Agent  Name  NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103  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  FILE NOW!!! FEE IS \$50.00  Make Check-Rayable to Department of State
NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103  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  FILE NOW!!! FEE IS \$50.00  Make Check-Rayable to Department of State
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FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE Par/148/ Delete TITLE Change Addition 5
TITLE   Partiver   Delete   De
NAME Robert Holmes STREET ADDRESS 1473 Uig Portofino  NAME 500004565266-0 STREET ADDRESS -08/31/01-01027-018
CITY-ST-ZIP
TITLE         Delete         TITLE         Change         Addition           MAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP
TITLE  NAME  NAME  STREET ADDRESS  DITY-ST-ZIP  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