	. UNIFORM DOS	INESS REPO	<u> </u>	(ODN)	-					Š	
DOCUMENT # L0000006996 1. Entity Name						A Section September .	VC5	12	9		
BAYFRONT INVESTORS, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address					- C2 M	AY 14 PM 2: 0:	0				
15600 OLD 41 NAPLES FL 34	108	15600 OLD 41 NAPLES FL 34108				AII4 MM 2+U-	J				
					1.						
2. Principal Pl	ace of Business	3. Mailing Address 28179 Van	28179 Vandabitt Dive								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPAC	E			
City & State		City & State	City & State Bonita Springs, F			Number 65-103328	17	-	oplied For ot Applicable	<u></u>	
Zip	Country	Zip 34134	Coun	tfy	5. Certi	ificate of Status Desired		00 Add Required			
	6. Name and Address of Curren	t Registered Agent		Name	7. Nam	e and Address of New R	egistered Agen	t		7	
ROHRET, KARIN					VB O Boy	Number is Not Assessable	<u>,,</u>			4	
5290 SEMINOLE BLVD., #E/F ST PETERSBURG FL 33708				Street Address (P.O. Box Number is Not Acceptable)							
31 1	ETEROBURG TE 55700			City				Zip Cod		_	
				City				Zip Code		_	
8. The above	named entity submits this statement for	or the purpose of changing its a	egistere	ed office or regist	ered agent,	or both, in the State of Fk	orida.				
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	d Agent signature requi	red when reinstal	ting)	DATE				
<u> </u>		FILE NO	W!!! I	FEE IS \$50.00)	T					
,-		Make Check Pay		o Department ay 1, 2002	of State						
<u>\$</u> 9.	MANAGING MEMB		10.	ay 1, 2002		ADDITIONS (CHANGES			-	
TITLE	MGRM	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	Ē	
NAME STREET ADDRESS	BUELL, GARY 15600 OLD 41		NAMI STRE	ET ADORESS						83 (9	
CITY-ST-ZIP	NAPLES FL 34108			-ST-ZIP						CR2E083 (9/01)	
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STREET ADDRESS			1	ET ADDRESS		7000055	noot	· 			
CITY-ST-ZIP TITLE		□ Delete	TITLE	-ST-ZIP-	· ·		0201046		Addition	┤ .	
_NAME			- NAM8			****70		***5[יייייייייייייייייייייייייייייייייייייי		
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TITLE NAME		☐ Delete	TITLE	1				Change	☐ Addition		
STREET ADDRESS		•	STREE	ET ADORESS							
CITY-ST-ZIP		L AL 1 205		ST-ZiP	Name - 115	07/0/// 51	La contraction of the contractio			4	
11. I hereby of indicated (limited liab	ertify that the information supplied with on this report is true and accurate and sility company or the receiver or trusted the company of the receiver or trusted the company of the receiver	n this filling does not qualify for it that my signature shall have it emproved to produce this result in the state of the	the exerne same eport as	nption stated in S legal effect as if required by Cha	section 119. made unde pter 608, Flo	0/(3)(i), Florida Statutes. I ir oath; that I am a manag orida Statutes.	turther certify the	at the in nanager	tormation r of the		
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MANA	GER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Daytime F	hane #			