

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90230 032 ****55.00

DOCUMENT # L00000009322

1. Entity Name
BAYARD INVESTMENT AND DEVELOPMENT, L.L.C.



Principal Place of Business
**180 E. DANIA BEACH BLVD.
DANIA FL 33004**

Mailing Address
**180 E. DANIA BEACH BLVD.
DANIA FL 33004**

2. Principal Place of Business
**1152 NW 30TH CT.
Suite, Apt. #, etc.
113**

3. Mailing Address
**1152 NW 30TH CT.
Suite, Apt. #, etc.
113**

City & State
WILTON MANORS, FL
Zip
33311
Country
BROWARD

City & State
WILTON MANORS, FL
Zip
33311
Country
BROWARD

4. FEI Number **65-1037205**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYAN, EVE 1152 NW 30TH CT APT 113 WILTON MANORS FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED **EVE MAYAN** Date: **01/13/02** Daytime Phone #: **954-568-1676**

CR2E083 (10/02)