LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2002 8:00 am Secretary of State

DOCUMEN I #			01-23	3-2002 9005	53 001 ****60.00
Baywalk Landings LLC					
		Company of the second			
DO NOT WRITE	IN THIS SI	PACE			
Principal Place of Business 1234 Aircort Road.	3. Mailing Address 1234 Airport Roa				
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>	DO NOT WRI	TE IN THIS SPACE	E
Suite 215 City & State			4. FFI Number	4. FEI Number Applied For	
Destin, Florida	, Florida Destin, Florida		65-1066869		Not Applicable
Zip Country 32541 USA	Zip 32541	Country USA	5. Certificate of Status Desired	55.0 Fee R	00 Additional Required
		Name	7. Name and Address of Current	Registered Ager	nt
DO NOT W	RITE (1)	Rich	ard Olson		
IN THIS SPACE			ess (P.O. Box Number is Not Acceptable L Airport. Road		
		12 Trans.	e 215		
		City Dest	in	FL Zi	ip Code 32541
8. The above named entity submits this statement to	the Out possed Changing	registed office or reg	istered agent, or both, in the State of Flo	rida.	/
SIGNATURE	1111				67
Substance: About to harmone out-Advice at 900st 9	no sur approach.	EE 15 150,00			
	Make Check Par	yable to Departmen	nt of State		
	A State of the last of the las	UE BY MAY			
MANAGING MEMBER ME OLSON S. Associates of N.			and the second of the second s		PARTICIPATE E
NAME		NAME			
STREET ADDRESS 1234 Airport Road, Suite 215 GTY-ST-JP Destin, Florida 32541		STREET ACCRESS (A)			2 2
TITLE		STILLE SALVES		4. 4.(4)	4.4 4.4 CR2E083B
NAME STREET ADDRESS		STREET ADDRESS			7
CITY-ST-ZIP		on si be C			
TITLE NAME		MANE SOL			
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TITLE		COTY ST. 20 AV	DO NOTA		
NAME		NAME:	IN THIS S	PACE	
STREET ADDRESS .		CITY ST ZP 34			
DILE		mu Para la			
NAME Street address		STREET ADDRESS			
C/TY-ST-ZIP		CITY ST ZP			
TITLE NAME		ITIL .			
STREET ADDRESS		STREET ADDRESS 1			
11. I hereby certify that the information specified with t	his filing done not qualify to	CUA 21, 715 A.	5		
11. Thereby 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or puster among the company or the receiver or puster among the company of the receiver or puster among the company or the receiver or puster among the company of the receiver or puster among the company or the receiver or puster among the company of the company or the receiver or puster among the company of the company of the company or the receiver or puster among the company of the company or the receiver or puster among the company of the company or the company or the company or the company or the company of the company of the company or the company or the company of					
SIGNATURE: MICHAELE AND TYPED OR REPORTED MARKE OF STANDARD MARKETON MARKETON OF AND					
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISCHOLLED DISYMPETRING					