2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90190 021 ****50.00

DOCUMENT # L01000002486

1. Entity Name
BAILEY ROAD PLAZA, L.L.C.

Principal Place of Business	Mailing Address
1151 S.W. 156TH AVE. PEMBROKE PINES, FL 33027	4267 NW 115TH AVENUE CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
11471 W. SAMPLE RD	11471 W. SAMPLE RD
Suite, Apt. #, etc.: SUITE #35	Suite, Apt. #, etc.: SUITE #35
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33065 Country:	Zip: 33065 Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1095497 ☐ Applied For ☐ Not Applicable

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
TAVILLA, PAUL 4267 NW 115TH AVENUE CORAL SPRINGS, FL 33065 CHANGE ADDRESS	Name: Street Address (P.O. Box Number is Not Acceptable): 11471 W. SAMPLE RD SUITE #35 City: CORAL SPRINGS FL Zip Code: 33065

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 ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR DAKTAV CO. 1151 S.W. 156TH AVE. PEMBROKE PINES, FL 33027	☐ Delete ADDRESS CHANGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11471 W. SAMPLE RD. SUITE #35 CORAL SPRINGS, FL 33065	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: ____________________ 3-20-03 954-907-2633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #