2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90017 017 ****50.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000003464

1. Entity Name
SMALL BAY PARTNERS, LLC ✓

Principal Place of Business	Mailing Address
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXX	341 NORTH MAITLAND AVE., STE 340 MAITLAND FL 32751

2. Principal Place of Business		3. Mailing Address	
2200 Lucien Way		P.O. Box 7540	
Suite, Apt. #, etc.: Suite 350		Suite, Apt. #, etc.	
City & State: Maitland, Florida		City & State: Maitland, Florida	
Zip: 32751	Country: USA	Zip: 32794-7540	Country: USA

4. FEI Number: 59-3719463 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TATICH, PHILIP
341 NORTH MAITLAND AVE., STE 340
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager LSL Corporation 2200 Lucien Way Maitland, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER LSL CORPORATION P.O. BOX 940877 MAITLAND, FLA. 32794-0877	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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.

LSL CORPORATION

SIGNATURE: By: SIGNATURE REQUIRED 4/16/02 (407) 481-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #