

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90009 043 \*\*\*\*50.00

**DOCUMENT # L01000016745**

1. Entity Name

**BAY PROPERTIES, L.L.C.**



Principal Place of Business

~~30 WATERCOLOR BOULEVARD, NORTH  
SUITE 204  
SEAGROVE BEACH FL 32459~~

Mailing Address

P.O. BOX 61127  
ROSEMARY BEACH FL 32461

2. Principal Place of Business

3. Mailing Address

P.O. Box 61127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROSEMARY BEACH, FL

City & State

ROSEMARY BEACH, FL

Zip

32461

Country

Zip

Country

4. FEI Number

59-3749810

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

**LAPLANTE, JON**

~~30 WATERCOLOR BOULEVARD, NORTH~~

~~SUITE 204~~

~~SEAGROVE BEACH FL 32459~~

Name

LA PLANTE, JON

Street Address (P.O. Box Number is Not Acceptable)

~~30 WATERCOLOR BOULEVARD, NORTH~~

30 WATERCOLOR BOULEVARD, NORTH

City

ROSEMARY BEACH, FL

FL

Zip Code

32461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to both of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jon Laplante  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8 Georgetown AVE  
ROSEMARY BEACH, FL 32461

**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**  
**LA PLANTE, JON** ☐ Delete  
~~30 WATERCOLOR BLVD N SUITE 204~~  
~~SEAGROVE BEACH FL 32459~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LA PLANTE, JON** ☒ Change ☐ Addition  
**P.O. Box 61127**  
**ROSEMARY BEACH, FL. 32461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**TOLAR, BRUCE B** ☒ Delete  
**624 JACKSON AVENUE**  
**OCEAN SPRINGS MS 39564**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~CLAIRE LA PLANTE~~ ☐ Delete  
~~P.O.~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER** ☐ Change ☒ Addition  
**LA PLANTE, CLAUDE**  
**P.O. Box 61127**  
**ROSEMARY BEACH, FL. 32461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER** ☐ Change ☒ Addition  
**BRADLEY, STEVEN**  
**P.O. Box 61127**  
**ROSEMARY BEACH, FL. 32461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER** ☐ Change ☒ Addition  
**BRADLEY, LORI**  
**P.O. Box 61127**  
**ROSEMARY BEACH, FL. 32461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jon Laplante  
**SIGNATURE REQUIRED**

2-20-03

(800)231-0850

CR2E083 (10/02)