LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # L02000003843 1. Entity Name Bay View Developers, LLC					FILED 03 SEP -5 AM II: 15		
DO NOT WRITE IN THIS SPACE				SECTION AM II: 15 TALLATIANSEE BLORIDA			
Principal Place of Business 3. Mailing Address				·	200022935932 #V10/0301073023 **5	0.00	
	uth Ocean Boulevard	1800 South Ocean Boulevard Suite, Apt. #, etc.		levard	1770		
Suite 410)	Suite 410			DO NOT WRITE IN THIS SPACE		
City & State Lauderdale By the Sea, FL		City & State Lauderdale By the Sea, FL.		, FL	I 🛏	Applied For Not Applicable	
Zip Country 33062 USA		Zip 33062	Country USA		5. Certificate of Status Desired S5.00 Additional Fee Required		
			_		7. Name and Address of Current Registered Agent		
DO NOT WRITE				Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE							
					E. Park Avenue Tallahassee FL Zip Code 32301		
The above named entity submits this statement for the purpose of changing its re			register.				
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE							
FEE IS \$50.00							
Make Check Payable to F				orida Departmei ' MAY 1	nt of State		
9.	MANAGING MEMBERS	S/MANAGERS	1				
TITLE NAME	MGRM Koly FlyE		TITLI NAM				
STREET ADDRESS CITY-ST-ZIP	SS 4527 GOTE St. West			ET ADDRESS -ST-ZIP		İ	
TITLE	MGRM FL 34210		TITLE		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	W. Parail Murphy 1800 30. Ocean Alus., No. 410		NAM	E ET ADDRESS	•		
CITY-ST-ZIP	Pompano Beach, FC 33062			-ST-ZIP		_ :	
TITLE NAME							
STREET ADDRESS	ADDRESS			ET ADDRESS	DO NOT WRITE		
CITY-ST-ZIP			TITLE	-ST-ZIP			
NAME			NAM	E	IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP			et address -ST-Zip				
TITLE					. :		
NAME *Street address			NAM STRE	et address		,	
CITY-ST-ZIP				-ST-ZIP			
NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			
11. I hereby certify that the information supplied with this filling 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: BY FOR BAY VIEW DEVELOPERS, CCC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #							