

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90040 048 \*\*\*150.00

**DOCUMENT # L02000008426**

1. Entity Name

**BAY POINT 252, LLC**



Principal Place of Business

**305 NEPTUNES BIGHT  
NAPLES FL 34103**

Mailing Address

**305 NEPTUNES BIGHT  
NAPLES FL 34103**

2. Principal Place of Business

**305 Neptunes Bight**  
Suite, Apt. #, etc.

3. Mailing Address

**305 Neptunes Bight**  
Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34103**

Country

**USA**

Zip

**34103**

Country

**USA**

4. FEI Number

**02-0579749**

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

**NOVATT, JEFF M ESQ  
CHEFFY PASSIDOMO WILSON & JOHNSON LLP  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

**Dennis E. Smith**  
Street Address (P.O. Box Number is Not Acceptable)

**305 Neptunes Bight**  
City

**Naples**

**FL**

Zip Code

**34103**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-3-03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SMITH, DENNIS**  
STREET ADDRESS **305 NEPTUNES BIGHT**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-3-03**

**239-434-9004**

CR2E083 (10/02)