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Secretary of State
05-02-2003 90757 048 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012236

1. Corp Name
500 BAY LANE, LLC

44004675

Principal Place of Business
C/O ALL STATES REVERSE 1031 X-CHANGE FAVIL
50 EXCHANGE TERRACE, SUITE 330
PROVIDENCE, RI 02903

Mailing Address
C/O ALL STATES REVERSE 1031 X-CHANGE FAVIL
50 EXCHANGE TERRACE, SUITE 330
PROVIDENCE, RI 02903

[redacted]

2. Principal Place of Business: 1300 Brickell Avenue
Suite, Apt. #, etc.: 1
City & State: Miami, Florida
Zip: 33131 Country: USA

3. Mailing Address: c/o Edgardo Defortuna
Suite, Apt. #, etc.: 1300 Brickell Avenue
City & State: Miami, Florida
Zip: 33131 Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 020622272 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name: JOSE A. RODRIGUEZ, P.A.
Street Address (P.O. Box Number is Not Acceptable): 150 Alhambra Circle
Suite 1270
City: CORAL GABLES, FL Zip Code: 33134

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: [redacted] DATE

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	manager Edgardo Defortuna 1300 Brickell Avenue Miami, FL 33131

10. ADDITIONS/CHANGES

TITLE / 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a member or manager of the limited liability company or the member or other person authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] as Attorney-in-fact 4/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD APPROVED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date
JOSE A. RODRIGUEZ

CR2FCO3 (10/02)