

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-12-2003 90065 001 *****5.00
03-12-2003 90065 002 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000016263

1. Entity Name
BAYTREE LAKESIDE, LLC



Principal Place of Business
**6220 MANATEE AVENUE WEST, SUITE 302
BRADENTON FL 34209**

Mailing Address
**6220 MANATEE AVENUE WEST, SUITE 302
BRADENTON FL 34209**

2. Principal Place of Business
6411 - 46TH AVE. NORTH

3. Mailing Address
6220 MANATEE AVENUE WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

City & State
ST. PETERSBURG, FL

City & State
BRADENTON, FL

4. FEI Number
42-1576575

Applied For
☒ Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip
33709

Country
PINELLAS

Zip
34209

Country
FLORIDA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34238**

Name **(SAME)**

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

City

FL

Zip Code

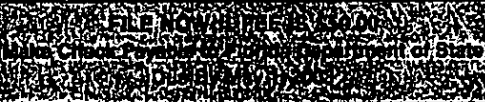
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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)(f), 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: **Donnette Lamb**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/03 941-761-8804
Date Daytime Phone #