FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91002 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025544

1. Entity Name
PENSACOLA BAY AREA INVESTORS, LLC

Principal Place of Business	Mailing Address
226 PALAFOX PLACE SIXTH FLOOR PENSACOLA, FL 32501	P.O. BOX 710 PENSACOLA, FL 32591-0710

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
316 S. Baylen St.		P.O. Box 12646	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.:	
City & State: Pensacola, FL		City & State: Pensacola, FL	
Zip: 32501	Country: USA	Zip: 32591	Country: USA

4. FEI Number: 22-3868634 ☐ Applied For ☐ Not Applicable

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
SCHILL, LAWRENCE C 226 PALAFOX PLACE SIXTH FLOOR PENSACOLA, FL 32501	Name: J. Mort O'Sullivan, III Street Address (P.O. Box Number is Not Acceptable): 316 S. Baylen St., Suite 200 City: Pensacola FL Zip Code: 32501

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] 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE: MGRM NAME: J. Mort O'Sullivan, III STREET ADDRESS: 316 S. Baylen St., Suite 200 CITY-ST-ZIP: Pensacola, FL 32501	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] J. Mort O'Sullivan, III 4/24/03 850 435 7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #