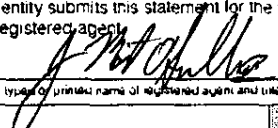
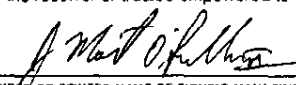


FILED
Apr 28, 2003 8:00 am
Secretary of State

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 226 PALAFOX PLACE SIXTH FLOOR PENSACOLA, FL 32501		Mailing Address P.O. BOX 710 PENSACOLA, FL 32591-0710	
2. Principal Place of Business 316 S. Baylen St. Suite, Apt. #, etc. Suite 200		3. Mailing Address P.O. Box 12646 Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32501		Zip 32591	
Country USA		Country USA	
4. FEI Number 22-3868634		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 SCHILL, LAWRENCE C 226 PALAFOX PLACE SIXTH FLOOR PENSACOLA, FL 32501		7. Name and Address of New Registered Agent 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  DATE 4/24/03 (NOTE: Registered Agent Signature required when reinstating)			
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 NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		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)(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 508, Florida Statutes. SIGNATURE:  J. Mort O'Sullivan, III Date 4/24/03 Daytime Phone # 850 435 2400			

CR2E083 (10/02)