

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/25/2003-90084-029-\$50.00-\$50.00

DOCUMENT # L02000027783

1. Entity Name
BAY ESTATES LLC



FILED
03 MAR -7 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
410 NORTH RIDE
TALLAHASSEE FL 32303

Mailing Address
410 NORTH RIDE
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SOLE MEMBER MGRM
ANN RUTH FIGG
410 NORTH RIDE
TALLAHASSEE, FL 32303-5157

☐ Delete

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10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

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

2/22/03 850-385-0237

Date

Daytime Phone #

CR2E083 (10/02)