FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90574 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030146

1. Entity Name
SWEET BAY CLUB, L.L.C.

Principal Place of Business	Mailing Address
1208 HAYS STREET TALLAHASSEE, FL 32301	1208 HAYS STREET TALLAHASSEE, FL 32301

2. Principal Place of Business	3. Mailing Address
1208 Hays Street	1208 Hays Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fla	City & State: Tallahassee, Fla
Zip: 32301 Country: USA	Zip: 32301 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 80-0062045 ☐ 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
BOOTH, HURLEY H JR 1208 HAYS STREET TALLAHASSEE, FL 32301	Name: Hurley Booth H JR Street Address (P.O. Box Number is Not Acceptable): 630 Chancy Lane City: Tallahassee FL Zip Code: 32308

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOTH, HURLEY H JR 1208 HAYS STREET TALLAHASSEE, FL 32301	☐ 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

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] 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #