DOCUN	MENT # L050000658	EPORT (AR) 38		May 02, Secreta	2000 8:0 rv of Sta	v am te
1. Entity Name BAYO ORENUGA GROUP OF COMPANIES LIMITED COMPANY				05-02-2006 90124 001 ****50.00 05-02-2006 90124 002 *****5.00		
Principal Place 4900 MANAT BRADENTON	EE AVENUE WEST, SUITE 101	Mailing Address 4900 MANATEE AVENU BRADENTON FL 34209	JE WEST, SUITE 101			
2. Principal Place of Business 4900 MANATEE AVENUE WEST;		3. Mailing Address P.O. BOX 11455			ISF OULLE UILIO UIIRI VIINI INIAU ISFNI	184661 111 1941
Suite, Apt. # SUITE 10	1	Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/05)	
City & State BRADENT(ON, FL 34209	City & State TAMPA, FL 3368	80	4. FEI Number		Applied For Not Applicabl
Zip	Country	Zip	Country	5. Certificate of Status Desired	XX \$5.00 A Fee Requi	
······	6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New	Registered Agent	
4900	NUGA, ADEBAYO) MANATEE AVENUE WES DENTON FL 34209	ST, SUITE 101		s (P.O. Box Number is Not Acceptat	sle)	
	·		City		FL Zip Co	
	named entity submits this statement for ons of registered agent.	or the purpose of changing its r	,	tered agent, or both, in the State of F		
the obligatio		I and tille if applicable. (NOTE:	egistered office or regis	ired when reinslating)		
the obligatic	ons of registered agent. Signature, typed or prated name of registered agen	I and tille it applicable. (NOTE FILE NO Make Check Payable Due	egistered office or regis Registered Agent signifiue requ WIII FEE IS \$50.01 to Florida Departin By May 1, 2006	ired when reinslating) D tent of State	Torida. 1 am familiar wit	
the obligation	ons of registered agent. Signature, typed or printed name of registered agen MANAGING MEMB	t and title it applicable. (NOTE FILE NO Make Check Payable Due ERS/MANAGERS	egistered office or regis Begistered Agent signature requi WIII FEE IS \$50.00 2 to Florida Departa	ired when reinslating) D tent of State	FL Iorida. 1 am familiar wit	n, and accep
the obligation SIGNATURE	ons of registered agent. Signature, typed or prated name of registered agen	t and tille if applicable. (NOTE FILE NO Make Check Payable Due ERS/MANAGERS rman Delete	egistered office or regis Registered Agent egnature required W !!! FEE IS \$50.00 to Florida Departm By May 1, 2006 10. TITLE NAME STREFT ADDRESS	ired when reinslating) D tent of State	Turida, 1 am familiar wit DATE S/CHANGES	n, and accep
the obligation SIGNATURE	Signature, typed or printed name of registered agent MANAGING MEMB PRESIDENT/CEO/Chai Adebayo Orenuga	t and tille if applicable. (NOTE FILE NO Make Check Payable Due ERS/MANAGERS rman Delete	egistered office or regis Registered Agent signature required W !!! FEE IS \$50.00 to Florida Departm By May 1, 2006 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ired when reinslating) D tent of State	Turida, 1 am familiar wit DATE S/CHANGES	n, and accep
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