File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 27 PM 2: 03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 15/5 4 Name and Mailing Address of Limited Liability Company **DOCUMENT # 192000000034** 1a. Principal Place of Business Address BAY MOUNTAIN INVESTMENTS, L.C. 135 SUNSHINE LN NE 135 SUNSHINE LN NE SUITE C SUITE C ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 11/25/1992 FLSuite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3154268 Not Applicable Stletersburg 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 02/03/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DEEB & BRAINARD, 5999 CENTRAL AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 202 1000<u>0247734</u>1 ST. PETERSBURG FL 33701 Suite, Apt. #, etc. -04/02/98 --01095 \*\*\*\*1<del>89,75</del> \*\*\*\*183.75 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (NOTE Registered Agent signature required when reinstating) **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code М MORLEY, MARK 101 NORTH CASCADE., SUITE COLORADO SPRINGS CO М FUDGE, FELIX D 4 BRIGHTWATER CIRCLE, NE. ST. PETERSBURG FL 14+h AUP N. 201 33701

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGES

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