File on subject	or before to a \$_40	May 1, 1999 00.00 LATE F	or Limited EE.	l Liabllity	Com	pany will be	e				
	D LIABILIT ANNUAL R 199			LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 99 MAR 10 AM 10: 56				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							1				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9200000034]]	SEGNETAINY OF STATE TALLAHASSEE, FLORIDA			
BAY MOUNTAIN INVESTMENTS, L.C. 201 14TH AVE N.							1a. Principal Place of Business Address 201 14TH AVE N.				
ST. PETERSBURG FL 33701								ST. PETERSBURG FL 33701			
2 Princip	al Place of Bus	iness	2a. Maili	ng Address			3. Date Organize	3. Date Organized or Qualified 3a. State of			
Suite Apl #, etc. Suite Apl				t # ptc			11/25/1	1992 FL			
Suite, Apt. #, etc.				. W, etc.			4. FEI Number	FEI Number Applied For			
City & State City &			City & Sta	& State			59-3154268 Not Applie			Not Applicable	
Zip		Country	Zip		Countr	· · ·	5. Date of Last F	teport		ate of Status Desired	
					<u> </u>		03/27/1			ional Fee Required	
	7. Name	and Address of Curr	ent Registered	Agent		8. Name	Name and Address	s of New Regist	ered Agent	VOttice	
	INARD, AL AVE		Street Address (F			P.O. Box Number is Not Acceptable)					
ST.	BURG FL 33	701	Suite, Apt. #, etc								
			City			Z _I p Code					
					FL						
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. Thereby accept the appointment as registered agent, and accept the obligations.											
SIGNATU	RE	All years and dispersion of the second	don Anno de Green de	PALE DE LESSE LA		er en en et alle en et et et e	ι	DATE _			
10. Title Managing Members/Managers				OH: Regission Agents grant resigned where it is stress Business Street Address				City,	State and Zip Code		
м	MORLEY, MARK			101 NORTH CASCADE.,			., SUITE	COLORA	DO SE	PRINGS CO	
м	FUDGE	201 14TH AVE N.			1710	ST. PETERSBURG FL -03/18/9901097024					
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						/			4	16311	
<u>_</u>							· · · · · · · · · · · · · · · · · · ·				
1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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: 3/7/99 727-8941717											

INHSE10 R (12-98)