| subject LIMITE | to a \$ 40 | O.OO LATE FEI Y COMPANY EPORT | Liability Company will be ELORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 31 PM 3: 46 | | | | | |
|---|------------------|-------------------------------------|--|--|--|---|---|--|---------------------|---------------------|--|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | | |
| 1. Name and Mailing Address Of Limited Liability Company DOCUMENT # L93000000308 BAYTREE RIVERSIDE, L.C. | | | | | | | 1a. Principal Pl | 1a. Principal Place of Business Address | | | |
| 4200 N OCEAN DR #1405 RIVIERA BEACH FL 33404 | | | | | | | 4200 N OCEAN DR #1405 RIVIERA BEACH FL 33404 | | | | |
| 2. Princip | al Place of Busi | ness | 2a. Maili | 2a. Mailing Address | | | | Date Organized or Qualified 3a. State of Formation | | | |
| Suite, Apt. #, etc. | | | Suite, Ap | Suite, Apt. #, etc. | | | 09/21/1993 FL | | | | |
| City & State | | | City & Sta | City & State | | | 65-046634 Applied For Not Applicable | | | | |
| Zιρ | Zip Country | | | Zip Countr | | | · - | | | e of Status Desired | |
| 7. Name and Address of Current F | | | t Registered | Agent | | 8. | 8. Name and Address of New Regi | | stered Agent/Office | | |
| Suite. Apt #, etc City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited lits registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative as registered agent, and accept the obligations. | | | | | | | | tive vote of a majority of the members. Thereby accept the appointment | | | |
| SIGNATURE (Registered Agent Accepting Appendicular) (RVIII) Registered Agent agent agent are faced where conducting | | | | | | | | | | | |
| MAN | | | | Business Street Address 4200 N OCEAN DR #3 | | | <u> </u> | City, State and Zip Code RIVIERA BEACH FI. | | | |
| 11 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. 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 eath, 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: SCHALLIFF AND INDICATE OF STREET AND MEDICAL MARCH 17/99 561-546-4044 | | | | | | | | | | | |