

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90144 011 ****50.00

DOCUMENT # L93000000432

1. Entity Name
BAYARD REALTY, L.C.

Principal Place of Business
**14790 ST. AUGUSTINE ROAD
 JACKSONVILLE FL 32258-4407**

Mailing Address
**14790 ST. AUGUSTINE ROAD
 JACKSONVILLE FL 32258-4407**

960887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
207 Noble Cir. W.

3. Mailing Address
207 Noble Cir. W.

City & State
JACKSONVILLE FL.

City & State
JACKSONVILLE FL.

4. FEI Number **59-3214966**

Applied For
 Not Applicable

Zip
32211

Country

Zip
32211

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BURGHARD, BERO
 14790 ST. AUGUSTINE ROAD
 JACKSONVILLE FL 32258-4407**

7. Name and Address of New Registered Agent

Name **BERO BURGHARD**
 Street Address (P.O. Box Number is Not Acceptable)
207 Noble Cir. W.
 City **JACKSONVILLE FL** Zip Code **32211**

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.

SIGNATURE *Burghard Bero Burghard* **4.27.2002**
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	BURGHARD, BERO	207 NOBLE CIRCLE WEST	JACKSONVILLE FL 32211	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Burghard Bero Burghard* **4.27.2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

904 7219930

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