

**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.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**207 Noble Cir. W.**  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL.**  
 Zip  
**32211**  
 Country

City & State  
**JACKSONVILLE FL.**  
 Zip  
**32211**  
 Country

4. FEI Number **59-3214966**  
 Applied For  
 Not Applicable

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 DATE 4.27.2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 DATE 4.27.2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

904 7219930

CR2E083 (9/01)