

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000073

1. Entity Name
OCALA OPEN AIR, LIMITED COMPANY

Principal Place of Business
590 RINEHART ROAD BLDG. A
LAKE MARY FL 32746

Mailing Address
590 RINEHART ROAD BLDG. A
LAKE MARY FL 32746-4800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
918 W. 1st St.
Suite, Apt. #, etc.

3. Mailing Address
918 W. 1st St.
Suite, Apt. #, etc.

City & State
Sanford, FL
Zip 32771 Country

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Sanford, FL
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4. FEI Number 59-3303185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAYHI, CRAIG M
590 RINEHART ROAD
LAKE MARY FL 32746

Name
Street Address (P.O. Box Number is Not Acceptable)
918 W 1st Street
City Sanford FL Zip Code 32771

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 _____ DATE _____
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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM BAYHI, CRAIG M 590 RINEHART ROAD BLDG. A LAKE MARY FL 32746	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
918 W 1 st Street Sanford, FL 32771	<input type="checkbox"/>
300003260209--7 -05/19/00--01116--012 *****50.00 *****50.00	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Craig M Bayhi **SIGNATURE REQUIRED** Date: 04/26/00 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)