

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 028 ****55.00

DOCUMENT # L96000001251

1. Entity Name

BAY HARBOUR MANAGEMENT, L.C.,

Principal Place of Business

~~777 S. HARBOUR ISLAND BLVD.~~
~~SUITE 270~~
~~TAMPA FL 33602~~

Mailing Address

~~P.O. BOX 410~~
~~TAMPA FL 33601~~

2. Principal Place of Business

10124 Foxhurst Court
 Suite, Apt. #, etc.

3. Mailing Address

10124 Foxhurst Court
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3418243

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

5. Certificate of Status Desired

X

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VAN DYKE, STEVEN A

~~777 S HARBOUR ISLAND BLVD~~ **10124 Foxhurst Court**
~~SUITE 270~~
~~TAMPA FL 33602~~ **Orlando, FL 32836**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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	MGR	<input type="checkbox"/> Delete
NAME	VAN DYKE, STEVEN A	
STREET ADDRESS	777 S HARBOUR ISLAND BLVD SUITE 270	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	TEITELBAUM, DOUGLAS P	
STREET ADDRESS	885 THIRD AVENUE, 34TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	STOUT, JOHN D	
STREET ADDRESS	777 S. HARBOUR ISLAND BLV. SUITE 270	
CITY-ST-ZIP	TAMPA FL 33602 New York, NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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:

STEVEN A. VAN DYKE, Manager

4/16/02 (407) 345-8332

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

Date

Daytime Phone #

CR2E083 (9/01)