

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90006 013 *****55.00

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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 418~~
~~TAMPA FL 33601~~

2. Principal Place of Business

10124 Foxhurst Ct.

3. Mailing Address

10124 Foxhurst Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32836

Country

USA

Zip

32836

Country

USA

4. FEI Number

59-3418243

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DYKE, STEVEN A

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

10124 Foxhurst Ct.
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **VAN DYKE, STEVEN A**
STREET ADDRESS ~~777 S. HARBOUR ISLAND BLVD.~~ **10124 Foxhurst Ct.**
CITY-ST-ZIP ~~TAMPA FL 33602~~ **Orlando, FL 32836**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **MGR** ☐ Delete
NAME **TEITELBAUM, DOUGLAS P**
STREET ADDRESS **885 THIRD AVENUE, 34TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/10/03

407 3458332

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

Date

Daytime Phone #

CR2E083 (10/02)