

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90152 010 ****50.00

DOCUMENT # L97000000700

1. Entity Name

BAY HAMMOCK ESTATES, L.C.



Principal Place of Business

Mailing Address

~~POST OFFICE BOX 973~~ **10 Flamingo Hammock Rd**
ISLA MORADA FL 33036 ~~POST OFFICE BOX 973~~ **10 Flamingo Hammock Rd**
ISLA MORADA FL 33036

2. Principal Place of Business

10 Flamingo Hammock Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Islamorada, FL

Zip **33036**

Country **USA**

Zip

Country

4. FEI Number **65-0762937**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, CHRISTEL C
10 FLAMINGO HAMMOCK RD.
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **MGRM** ☐ Delete
NAME **RYAN, DENNIS R**
STREET ADDRESS **POST OFFICE BOX 973**
CITY-ST-ZIP **ISLA MORADA FL 33036**

TITLE **MGRM** ☐ Delete
NAME **RYAN, CHRISTEL C**
STREET ADDRESS **POST OFFICE BOX 973**
CITY-ST-ZIP **ISLA MORADA FL 33036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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: **CHRISTEL C RYAN**

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

2-16-03(305) 481-2113

Date

Duration of Report

CR2E083 (10/02)