2000	UNIF	ORM	BUSINESS	REPORT	(UBR
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DOCUMENT # L9800001379 1. Entity Name EAST BAY STREET, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS)0017 AF
Principal Plac	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		00 MAR	-I AI	H 10: 55	5	
50 NORTH LAURA STREET. SUITE 2600 50 NORTH LAURA STREET. SUIT JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-3629										
JACKSONVICE	E FL 32202	JACKSONVILLE PL 32202	:-302 3				. 88:11 J3111 88:	101 (1000 (1016)	0020 (021 (03 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State		4. FEI !	Number 59-3531719		_ 	plied For	-	
Zip	Country	Zip Cour					\$5.00 Additional		litional	e
	6. Name and Address of Current	Registered Agent				e and Address of New Re	F	ee Required	<u> </u>	-
				Name			<u>.</u>	<u> </u>		
MOTOLAW			•	Street Address (P.O. Box Number is Not Acceptable)						
	I LAURA STREET, SUITE 2750 VILLE FL 32202									
				City			FL	Zip Code		1
8. The above	named entity submits this statement fo	r the purpose of changing its	s register	ed office or regis	tered agent,	or both, in the State of Flor				1
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registere	ed Agent signature requ	ired when reinstal	ing)	DATE			
ing or se	r for the training	FILE N	OW!!!	FEE IS \$50.0	D	:				
		Make Check Pa	ayable t	o Department	of State	·				
9.	MANAGING MEMBI	LERS/MEMBÉRS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM	☐ Delate	TITL			0 1. //		☐ Change	Addition	66/6
	noon, ann		NAM STRI	EET ADDRESS	•	nf 3/4/00	5			R2E083 (9/99)
CITY-ST-ZIP	JACKSONVILLE FL 32202			1-\$T-ZIP						
TITLE NAME		∟ Delete	TITL			200003		☐ Change	Addition	0
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /- St- Zip -		-03/1	7000	31U13	-006	
TITLE		□ Delete	TITL			* *****		***** ☐ Change	<u>50,00</u> Addition	-
NAME			NAM	AE .						
STREET ADDRESS CITY-87-ZIP				EET ADDRE88 (-81-zip						
TITLE		☐ Delete	TITU					Change	Addition	7
NAME STREET ADDRESS			MAM Stri	AE Eet address		•				
CITY- \$T- ZIP			CITY	r- 8T- ZIP						1
TITLE Name		☐ Delata	TITE					Change	Addition	
STREET ADDRESS			\$TRI	EET ADDRESS						
CITY-8T-ZIP		Debite	CITY	1-8T-ZIP				Change	- Addition	_
NAME ,			NAM	ŀ				- Anenge	nwatudir	
STREET ADDRESS CITY-ST-ZIP		$\langle \ \rangle \ / \ .$		EET ADDRESS 7-87-ZIP						
•	l certify that the information subfilled with	this filing loes not qualify fo			Section 119	07(3)(i), Florida Statutes. I	further certif	fy that the ir	nformation	1
indicated limited lia	certify that the information subtlied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have e empowered to execute this	report as	e regal effect as i s required by Cha	i made unde apter 608, Fi	r oath) that I am a managi orida Statutes.	ng member	or manage	rorine	
		(DEEL SAINTER			n	18/20				
SIGNAT		TED NAME OF SIGNING MANAGING	ا مناثات ا MEMBER (OR MANAGER	$-\infty$	Date	Day	/time Phone #		