


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 02 MAR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L98000002509 | | 1a. Principal Place of Business Address | |
| BAY EVE L.C. 200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI FL 33131 | | | | 200 SOUTH BISCAYNE BLVD., SU MIAMI FL 33131 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 11/02/1998 | |
| City & State | | City & State | | FL | |
| Zip | | Country | | 4. FEI Number | |
| | | | | 65-0875363 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report | |
| | | | | 6. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent/Office | |
| SALUSSOLIA, PIERO 200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI FL 33131 | | | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ | | | | DATE _____ | |
| (Registered Agent Accepting Appointment) (If not, Registered Agent signature required with new stamp) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | SALUSSOLIA, PIERO | 200 SOUTH BISCAYNE BLVD., | | MIAMI FL | |
| MGR | GRYGIEL, NANCY | 200 SOUTH BISCAYNE BLVD., | | MIAMI FL | |
| MGR | CAMPS, MARIA ELENA | 200 SOUTH BISCAYNE BLVD. | | MIAMI FL | |
| 200002934082 -04/08/99-01104-003 ****188.75 ****188.75 | | | | | |
| 11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: _____ | | Piero Salussolia | | 03/25/99 (305) 373-7016 | |
| SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNER, MANAGING MEMBER, INFORMATION | | | | | |