

5/8.

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000003244**

1. Entity Name

BAYFRONT VALET, L.L.C. ✓

Principal Place of Business

**301 BISCAYNE BLVD.
MIAMI FL 33131**

Mailing Address

**100 S. BISCAYNE BLVD., STE 850
MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**BLANK, JOHN A JR
100 S. BISCAYNE BLVD., SUITE 850
MIAMI FL 33131**

7. Name and Address of New Registered Agent

**Phillip M. Hudson III
Lucio, Bronstein, Garbett, Stiphany, & Allen
Brickell Byvw Ctr. Ste. 3100 80 SW 8th St.
Miami, FL 33130**

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BAUM, JERRY 100 S. BISCAYNE BLVD., STE 850 MIAMI FL 33131	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGMP MIDDLEBROOK, J.R. 5595 SW 80TH ST., STE 'A' MIAMI FL 33143	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CP2003 (9/01)

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:

SIGNATURES REQUIRED

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

Date

Daytime Phone #

4/26/02 605-341-7738**FILED
Jun 05, 2002 8:00 am
Secretary of State**

05-08-2002 90071 013 ****50.00

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DO NOT WRITE IN THIS SPACE