

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007921**

1. Entity Name
SANTA CLARA PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3433 NE 31 AVE. 3433 NE 31 AVE.
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064-8541

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
05-0966691 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAYMAN, ALAN
3433 NE 31 AVE.
LIGHTHOUSE POINT FL 33064

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.

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		MANAGER	
CITY - ST - ZIP		BAYMAN, ALAN	
		3433 N.E. 31 AVE.	
		LIGHTHOUSE POINT, FL 33064	
		300003189593--8	
		-03/30/00--01028--028	
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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: *Alan Bayman* **SIGNATURE REQUIRED** **BAYMAN** 3/4/00 954/943-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)