

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90008 018 \*\*\*\*50.00

**DOCUMENT # L99000008445**

1. Entity Name

**BRET O. BAYNHAM, LLC**



Principal Place of Business

**124 N. RIVER DRIVE WEST  
JUPITER FL 33458**

Mailing Address

**124 N. RIVER DRIVE WEST  
JUPITER FL 33458**

2. Principal Place of Business

**18811 MISTY LAKE DR**

3. Mailing Address

**18811 MISTY LAKE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JUPITER, FL**

City & State

**JUPITER, FL**

Zip

**33458**

Country

**USA**

Zip

**33458**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0964991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAYNHAM, BRET M.D.  
124 NORTH RIVER DRIVE WEST  
JUPITER FL 33458**

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 *Bret Baynham*

(NOTE: Registered Agent signature required when reinstating)

**1-13-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**MGRM  
BAYNHAM, BRET O  
124 N. RIVER DRIVE WEST  
JUPITER FL 33458**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
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: *Bret Baynham* **BRET O BAYNHAM MD**

**1-13-03**

**561-248-8171**

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

Date

Daytime Phone #

CR2E083 (10/02)