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BAYHILL LAND COMPANY Pircipial Pace of Business	DOCUMENT # 1. Entity Name	M84050		1	*	Jan 07, 2 Secreta	ry of S	tate	am e
See BAY COVE CT ORLANDO R. 2899. 2. Principal Place of Business 3. Making Address Sute, Apt. 4, etc. Do Not Writte In This SPACE City & State City & S	BAYHILL LAND COMPA	ANY	e e			01-07-2002 9	00001 004 ***	150.00	
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### Country Zip Country S. Certificate of Status Desired \$8.75 Additional fee Required \$8.75 Additional fee Required	City & State	• City	& State		4.	FEI Number 59-28923	90		
6. Name and Address of Current Registered Agent NEAL, EDWARD A 8988 BAY COVE CT ORLANDO FL 32819 Cry Cry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is	Zip · Cou	ntry Zip	1,211	Country			69		
NEAL, EDWARD A 8588 BAY COVE CT ORLANDO FL 32819 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 9. This corporation is eligible to satisfy as intangible Tark lings requirement and elects to do so. (See critaria on back) After May 1, 2002 Fee will be \$550.00 Make Obeck Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN SIGNED Additional Change Contribution 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. Change Additional Cha	6 Name and A	ddrace of Current Pagistere	1 Agent			`			d
8858 BAY COVE CT ORLANDO FL 32819 City FL Zip Code City FL Zip Code 6. 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, here or pretect name of registered agent and tibe 1 applicable. 9. This corporation is eligible to satisfy its Intangible Tas filing requirement and efects to do so. After May 1, 2002 Fee will be \$550.00 After May 2, 2002 Fee will be \$550.00 Aft	6. Name and A	duress of Current Registered	Agent	. Name		Name and Address of Net	w negistered Age		
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SIGNATURE Signature, speed or presided name of registered agent and site it applicable. ONTE Nagasered Agent Signature required when revisitating) DATE					2 4	<u> </u>			
3. 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	ORLANDO FL 32819		:				Т		
SIGNATURE Signature. Spens or preted name of registered agent and ble 1 applicable. 1. NOTE: Registered Agent signature recurred when remalation?) PILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After M				City			FL	Zip Code	9
TILE MANE MANE MANE MANE MANE MANE MANE MAN	Signature, typed or printed	name of registered agent and title if appli	cable. (NOTI	E: Registered Agent signati	ure required when	reinstating)	DATE		
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