## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9400000021  1. Entity Name BAY POINTE LIMITED, L.L.C., L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS  OO FEB - I AM II: 59	
Principal Plac P.O. BOX 279 PANAMA CITY	•	Mailing Address P.O. BOX 27906 PANAMA CITY FL 32411	-7906	UUFEB - I ANTI- 35	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 13-3747044 Applied F	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curre	nt Registered Agent		~7Name and Address of New Registered Agent .: 🚓	17-
HUGHES, J. ROBERT ESQ. 220 MCKENZIE AVENUE PANAMA CITY FL 32401			Street Address	ess (P.O. Box Number is Not Acceptable)	_
	•.		_ City	FL Zip Code	
SIGNATURE .	Signature, typed or printed name of registered age	FILE N	TE: Registered Agent signature requirement  NOW!!! FEE IS \$50.00  ayable to Department	00 nt of State	-
9.		IBERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORMICK, H T 3900 MARRIOTT DR., STE K PANAMA CITY BEACH FL 3240	□ <b>0elets</b>	TITLE NAME STREET AODRESS GIYY- ST- ZIP	100003127551 -02/08/0001084010 ******50.00 ******50.0	3
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TTTLE NAME STREET ADDRESS CITY-ST-ZIP		· · · Delicts	TITLE RAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	Hitton
, 11. I hereby of indicated	Lectify that the information supplied wo on this report is true and accurate an bility company or the receiver or trus	nd that my signature shall have	or the exemption stated in the same legal effect as i	n Section 119.07(3)(i), Fiorida Statutes. I further certify that the informat s if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.	ion

SIGNATURE: