2000 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # M9600000309  1. Entity Name  BAYSHORE TOWERS, LLC							APPROVED AND FILED  OO APR 18 PM 1:53			
2. Principal P	Place of Busin	ess 3	Mailing Address	ailing Address						
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	Ē	
City & State			City & State	ty & State		4. FEI Number	58-2267644		Applied For Not Applicable	
Zip	Zip · Country		Zip	Zip Country		5. Certificate	of Status Desired		00 Additional lequired	
	6. Name	and Address of Current Reg	<u> </u>	7. Name and Address of New Registered Agent						
	STANLEY STREET, SUL 33608			- 1	Street Address (P.O. Box Number is Not Acceptable)  3 5 1 Bay Street, Surfe 309  City FL Zip Code					
8. The above		y submits this statement for the			office or registe		h, in the State of Floric	DATE		
			FILE NO Make Check Pa		E IS \$50.00 Department					
9.		MANAGING MEMBERS		<del></del>			ADDITIONS/CI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1030 SEC	AN, ROBERT M OND AVENUE IS GA 31901	□ Delete .	TITLE NAME STREET (	ı	0	000032 -04/28/0	_	hange □ Addition   7 □	

9. TITLE NAME STREET CITY-\*\*\*\*\*5(),(1) 的被数数50m Diakroom Delete TITLE MAME WOODWARD, JOHN W TRUSTEE MAME STREET ADDRESS STREET ADDRESS 1030 SECOND AVENUE CITY- ST- ZIP CITY-ST-7IP COLUMBUS GA 31901 Delete Addition TITLE TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition | Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP 🤅 Addition ☐ Change Delete mle NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY- ST- ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

LI Hunn 3/24/00