


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB -5 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company BAY FRONT MANAGEMENT, LLC 3350 PEACHTREE ROAD, N.E., STE. 1150 ATLANTA GA 30326		DOCUMENT # M96000000387		1a. Principal Place of Business Address 3350 PEACHTREE ROAD, N.E., ST ATLANTA GA 30326 1150	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 10/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation GA	
City & State		City & State		4. FEI Number 58-2250939 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent MILLER, LARRY MR. C/O SPECTRUM REAL ESTATE SERVICES, I 27382 U.S. 19 NORTH, STE. 190 CLEARWATER FL 34621			8. Name and Address of New Registered Agent Name Peter Manown Street Address (P.O. Box Number is Not Acceptable) 3201 58th Street South Suite, Apt. #, etc. City GulfPort FL Zip Code 33707		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <i>Peter Manown</i> DATE 1/30/97 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	TAYLOR, MARK W	3350 PEACHTREE RD., STE. 1150		ATLANTA GA	
MGR	MANOWN, PETER S	3350 PEACHTREE RD., STE. 1150		ATLANTA GA	
MGR	TRUJILLO, MARIO	3350 PEACHTREE RD., STE. 1150		ATLANTA GA	
				700002085167--4 -02/12/97--01070--006 ****203.75 ****203.75 DB2-6-97	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <i>Mario Trujillo</i> MARIO TRUJILLO (manager) 1/30/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> <small>Daytime Phone #</small> 404-365-6674					