

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012717 AF

DOCUMENT # M98000001133

1. Entity Name
SUN POINTE BAY LLC

Principal Place of Business: 1180 AVENUE OF THE AMERICAS, 18TH FLOOR, NEW YORK NY 10036
Mailing Address: 1180 AVENUE OF THE AMERICAS, 18TH FLOOR, NEW YORK NY 10036-8401



2. Principal Place of Business: **220 EAST 42 STREET, 27 FLOOR, NEW YORK NY**
3. Mailing Address: **220 EAST 42 STREET, 27 FLOOR, NEW YORK NY**

DO NOT WRITE IN THIS SPACE

4. FEI Number: **13-4025987**

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: **BAUMAN, MICHAEL, 540 BRICKELL KEY DRIVE, SUITE C-1, MIAMI FL 33131**

7. Name and Address of New Registered Agent: (Blank)

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM LUSKI, DAVID	<input type="checkbox"/> Delete	TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1180 AVENUE OF THE AMERICAS, 18TH FLOOR		STREET ADDRESS	220 EAST 42 STREET, 27 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE NAME	MGRM TANSEY, FRANCIS X	<input type="checkbox"/> Delete	TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1180 AVENUE OF THE AMERICAS, 18TH FLOOR		STREET ADDRESS	220 EAST 42 STREET, 27 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE NAME	MGRM BAUMAN, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	540 BRICKELL KEY DR., SUITE C-1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **FRANCIS X. TANSEY** 4/28/2000 212/697-4740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (6/99)