Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

	MENT # M9	9000000649	Jiii (ODII)	AND FILED
1. Entity Name  LANCEBAY, LLC				00 APR 24 PM 2: 32
	(1, 220			SECRETARY OF STATE
Principal Place of Business Mailing Address 2507 POST ROAD 2507 POST ROAD SOUTHPORT CT 06490 SOUTHPORT CT 06490-12			1259	TALLAHASSEE, FLORIDA
Principal P	Place of Business	3. Mailing Address	·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	MNM DO NOT WRITE IN THIS SPACE
City & State City & State			4. FEI Number 06-1544603 Applied For Not Applicabl	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of C	current Registered Agent	Name	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)	
		ment for the purpose of changing it	City	FL Zip Code stered agent, or both, in the State of Florida.
. The above		red agent and title if applicable. (NO		stered agent, or both, in the State of Florida.  DATE
. The above	named entity submits this state Signature, typed or printed name of registe	red agent and title if applicable. (NO	ts registered office or region to the segment of th	stered agent, or both, in the State of Florida.  DATE
. The above IGNATURE	named entity submits this state Signature, typed or printed name of registe	FILE N Make Check P	ts registered office or region to the segment signature requirement of the segment signature requirement of the segment of the	stered agent, or both, in the State of Florida.  DATE  DO   ADDITIONS/CHANGES
. The above IGNATURE _  TILE AME TREET ADDRESS TY- \$1-ZIP TILE TREET ADDRESS	signature, typed or printed name of registe  MANAGING  MGRM  OCEAN VIEW SOUTHPOR  2507 POST ROAD	FILE N Make Check P	ts registered office or region to the second	stered agent, or both, in the State of Florida.  DATE  DO  ADDITIONS/CHANGES  Change Additio
. The above IGNATURE _  . TILE AME IREET ADDRESS IY- \$1-ZIP TILE AME IREET ADDRESS IY- \$1-ZIP TILE AME IT- \$1-ZIP TILE AME IREET ADDRESS	signature, typed or printed name of registe  MANAGING  MGRM  OCEAN VIEW SOUTHPOR  2507 POST ROAD	FILE N Make Check P MEMBERS/MEMBERS  Delets T CORPORATION	ts registered office or registered Agent signature registered Agent signatu	stered agent, or both, in the State of Florida.  DATE  DO  ADDITIONS/CHANGES  Change Additio
THE ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS	signature, typed or printed name of registe  MANAGING  MGRM  OCEAN VIEW SOUTHPOR  2507 POST ROAD	FILE N Make Check P  MEMBERS/MEMBERS  CORPORATION  Delete	TE: Registered Agent signature requirements and the second signature r	stered agent, or both, in the State of Florida.  DATE  DO  ADDITIONS/CHANGES  Change Addition  Change Addition  Change Addition  Addition  The state Addition  Addition  Addition  Change Addition  Addition  Addition  The state Addition  Addition  The state Addition  Addition  The state Addition  Addition  The state Addition
. The above	signature, typed or printed name of registe  MANAGING  MGRM  OCEAN VIEW SOUTHPOR  2507 POST ROAD	FILE N Make Check P MEMBERS/MEMBERS  T CORPORATION    Delete   Delete   Delete   Delete	Its registered office or registered Agent signature registered Agent Street Address City-81-2ip  Title  NAME  STREET ADDRESS  CITY-81-2ip  TITLE  NAME  STREET ADDRESS  CITY-81-2ip  TITLE  NAME  STREET ADDRESS	Stered agent, or both, in the State of Florida.  DATE  DO ADDITIONS/CHANGES  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition

Schotupert Corp, Mb. Mbr 4/20/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date