

AND
FILED

02 JUN 20 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M99000000649

1. Entity Name

LANCEBAY, LLC

DO NOT WRITE IN THIS SPACE

961070

2. Principal Place of Business c/o GE Capital

Real Estate, 292 Long Ridge Rd

Suite, Apt. #, etc.

3. Mailing Address c/o GE Capital

Real Estate, 292 Long Ridge Rd

Suite, Apt. #, etc.

City & State
Stamford, CTCity & State
Stamford, CT

4. FEI Number

06-1544603

Applied For

Not Applicable

Zip
06927Country
USZip
06927Country
US5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C T Corporation System-

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324**DO NOT WRITE
IN THIS SPACE**

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.

By: *Salvina Amenta Gray* C T Corporation System

SIGNATURE

Signature, typed or printed name of registered agent and due if applicable.

SALVINA AMENTA GRAY 04/23/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James A. Parke c/o GE Capital Real Estate, 292 Long Ridge Rd Stamford, CT 06927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nancy E. Barton c/o GE Capital Real Estate, 292 Long Ridge Rd Stamford, CT 06927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mark H. S. Cohen c/o GE Capital Real Estate, 292 Long Ridge Rd Stamford, CT 06927

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**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Signatory/Vice President Constantine A. Lallas c/o GE Capital Real Estate 500 W. Monroe, Chicago, IL 60661
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Constantine A. Lallas*Constantine A. Lallas,
Authorized Representative

4/29/02

312-441-7305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)