2001 UÑII	FORM	BUSINESS	REPORT	(UBR)

poeti	MENT#		100000)))))					;	3			3907
DOCUMENT # M9900000914 1. Entity Name BAITA-PREMICON, LLC							FIL	D			<u>}</u>		
BAITA-PH	EMICON, LI	.C 						0.	MAY 16	PM 3:5	Q		
Principal Plac	ce of Business			Mailing Address				1					
Principal Place of Business 3340 PEACHTREE RD STE 1400 ATLANTA GA 30326				3340 PEACHTREE RD. STE 1400 ATLANTA GA 30326			SE TAL	CRETARY LAHASSE	OF STATE. FLORI	DA			
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.			116	DO NOT W	RITE IN THIS :	SPACE	HUM		
City & State			City & State			4. FEI Number	58-247320	9		pplied For ot Applicable	}		
Zip	C	ountry		Zip	Cour	ntry		5. Certificate of	Status Desired		\$5.00 Ad	Iditional	
6. Name and Address of Current Registered Agent				Name		7. Name and A	ddress of New	Registered /	Agent]		
SCHNEID	FR. RETO J												
SCHNEIDER, RETO J 7400 BAYMEADOWS WAY, SUITE 107				Street Address (P.O. Box Number is Not Acceptable)						}			
JACKSON	WILLE FL 3225	6				Cib					71-0-	1-	-
						City				FL	Zip Cod	1 e	
8. The above	named entity sub	omits this s	tatement for th	e purpose of changing its	register	ed office o	r register	ed agent, or both,	in the State of I	lorida.			
SIGNATURE	Signature, typed or prin	ited name of re	gistered agent and t	itle if applicable. (NOT	E: Registera	d Agent signal	ture required	when reinstating)		DATE		· ·	
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9.		MANAGI	NG MEMBERS	/MEMBERS	10.		Charles Control	o Amerikan (1948		S/CHANGES			ł
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	pertify that the info	ormation su	pplied with this	s filing does not qualify for			ted in Sec	otion 119.07(3)(i),	Florida Statutes	. I further cer	tify that the i	nformation	1
indicated limited lia	on this report is to bility company or	the receive	curate and that of trustee em	s filing does not qualify for my signs as shall have powered to execute this	report as	e legai effe required t	ct as if m by Chapte	ade under oath; tl er 608, Florida Sta	nat i am a mana tutes.	iging membe	r or manage	a oi ûie	
SIGNI L	/ NDE:		3 1 35 7 3 1	BE WEIGHT	Ŧ.								
SIGNAT	URE:	PED OR PRIN	ITED NAME OF SIG	INING MANAGING MEMBER, MAI	VAGER, OR	AUTHORIZED	REPRESEN	ITATIVE	Date	Da	sytime Phone #		