

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016417 AF



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001716

1. Entity Name
BAY HOLDINGS, LLC

Principal Place of Business 1856 CORPORATE DRIVE SUITE 170 NORCROSS GA 30092	Mailing Address 1856 CORPORATE DRIVE SUITE 170 NORCROSS GA 30092-2970
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2. Principal Place of Business 11880 28TH STREET Suite, Apt. #, etc.	3. Mailing Address 1150 FEEHANVILLE DRIVE Suite, Apt. #, etc.
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City & State ST. PETERSBURG, FL	City & State MOUNT PROSPECT, FL	4. FEI Number 36-4327812 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
Zip 33716	Country USA	Zip 60056	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MANAGER JIM MARTIN 1150 FEEHANVILLE DRIVE MOUNT PROSPECT, FL 60056	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MEMBER SAYERS GROUP LLC 1150 FEEHANVILLE DRIVE MOUNT PROSPECT, FL 60056	<input type="checkbox"/> Change <input type="checkbox"/> Addition	100003260241--8 05/19/00--0116--021 *****50.00 *****50.00
<input type="checkbox"/> Delete	MEMBER CASUCCI COMPANY, LLC 11880 28TH STREET ST. PETERSBURG, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* **SIGNATURE REQUIRED** **4/26/00** **847-391-4140**

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

CR2E083 (9/99)