2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001862 1. Entity Name BAYSIDE VENTURES, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					-	00 SEP 14 AM 10:	02		
6000 PELICAN BAY BLVD C-1402 6000 PELICAN BA' NAPLES FL 34108 NAPLES FL 34108			BLVD C-1402						
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, e					DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEIN	39-1955525	No	oplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certi	ficate of Status Desired	\$5.00 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
REINSTEIN, REUBEN T 6000 PELICAN BAY BLVD., C-1402				Name Street Address (P.O. Box Number is Not Acceptable)					
									NAPLES FL 34108
8. The above	named entity submits this statement	for the purpose of changing its	registere	ed office or regist	ered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered ager	ALOTTICE OF THE PROPERTY OF TH	F. Besisteres	1 Agent signature requir	and taken reinstet	ina)	DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State									
9.	MANAGING MEMB		10.			ADDITIONS/CHAI	NGES Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINSTEIN, REUBEN T 6000 PELICAN BAY BLVD., C-1 NAPLES FL 34108	□ Delete 402		l l		80000339 -09/20/00-	9308-	2	
TITLE NAME	NAT 223 12 34100	☐ Delete	TITLE			*****50.6	Change	Addition	
STREET ADDRESS			-	ET ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Defete		1			Change	Addition	
TITLE ME ST-ZIP		☐ Delete					☐ Change	☐ Addition	
AME STREET ADDRESS CITY-ST-ZIP		☐ Defete	I.				☐ Change	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 SIGNATURE Daytime Phone 9									