

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004340 AF

DOCUMENT # **A00000001110**

1. Entity Name  
**BAY CLUB ASSOCIATES, LTD.**

**FILED**

**01 FEB 16 AM 9:34**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2121 PONCE DE LEON BLVD., PH2  
CORAL GABLES FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD., PH2  
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, SHAMIRA  
100 SOUTHEAST SECOND STREET, SUITE 3500  
BERMAN WOLFE RENNERT  
MIAMI FL 33131-2130**

7. Name and Address of New Registered Agent

Name  
**Registered Agents of Florida, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**100 Southeast Second Street**

Suite 3500

City **Miami** FL Zip Code **33131**

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 **V.P.** DATE **2/13/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>L00000008297</b>
NAME	<b>CORNERSTONE BAY CLUB, L.L.C.</b>
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD., PH2</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200003745782-5</b>
CITY-ST-ZIP	<b>-02/21/01--01093--016</b>
STREET ADDRESS	<b>****150.00 ****150.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)