2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000029976 BAYSIDE SUBDIVISION LLC Principal Place of Business Mailing Address 1509 PASS-A-GRILLE WAY 1509 PASS-A-GRILLE WAY ST PETE BEACH, FL 33706 ST PETE BEACH, FL 33706

FILED Mar 06, 2008 08:00 A **Secretary of State**



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PIPEDED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESE

CR2E083 (12/07) 03032008 No Chg-LLC

> Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 04-3723856

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

GREEME, ROBERT F 1301 SIXTH AVENUE W., STE 400 BRADENTON, FL 34205

the obligations of registered agent.

SIGNATURE

DO NOT WRITE IN THIS SPACE

727-638-1444

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	MCCLANATHAN, MICHAEL	
STREET AODRESS	1509 PASS-A-GRILLE WY	000000849575 03/21/08-80025-014,138.75
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706	
TITLE	MGRM	
NAME	PURSLEY, TRICIA	
STREET ADDRESS	1509 PASS-A-GRILLE WY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706	
TITLE		
NAME STREET ADDRESS		
CITY-SI-ZIP		DO NOT WRITE
TITLE		────■ - 网络结合 医内部部 医二乙二胺 一定 一定 化化二氯化二氯化二氯化二氯化二氯化二氯
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A DECEMBER OF THE PROPERTY OF	그게 있다면 얼굴이 되었습니다. 시간 사람들은 사람들은 경기를 걸려 다 됐다.
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	,	
STREET ADDRESS		
City-ST-ZiP		
11. I hereby certify that the information manufactured with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and account 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.		

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. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)