

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098929

FILED
Apr 28, 2006
Secretary of State

Entity Name: EDMARK/BAYSHORE, LLC

Current Principal Place of Business:

2210 VANDERBILT BEACH DRIVE, SUITE 1201
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2210 VANDERBILT BEACH DRIVE, SUITE 1201
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-3832233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2210 VANDERBILT BEACH DRIVE, SUITE 1201
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINKELSTEIN, EDWARD S
Address: 17482 ARGYLL TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: FINKELSTEIN, MARK D
Address: 3324 WHITBURN COURT
City-St-Zip: ADA, MI 49301

Title: MGRM () Delete
Name: FINKELSTEIN, JERRY A
Address: 2662 MCMULLEN BOOTH ROAD, SUITE 411
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ED FINKELSTEIN

MGMR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date