


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90044 026 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

30005883

DOCUMENT # L05000111796			
1. Entity Name O'CONNOR TOWERS AT CHANNELSIDE, LLC			
Principal Place of Business 4920 ANDROS DRIVE TAMPA, FL 33629		Mailing Address 4920 ANDROS DRIVE TAMPA, FL 33629	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SYKES, BRYAN W ESQ. C/O PHELPS DUNBAR LLP. 100 SOUTH ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name MYLES W. O'CONNOR Street Address (P.O. Box Number is Not Acceptable) 4920 ANDROS DR City TAMPA FL Zip Code 33629	
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 the obligations of registered agent.			
SIGNATURE <i>Myles W O'Connor</i>		DATE 4/6/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MANAGING MEMBER MYLES W. O'CONNOR 4920 ANDROS DR TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 606, Florida Statutes.			
SIGNATURE: <i>Myles W O'Connor</i>		DATE 4/6/06	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 813-286-8083	

