


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 05, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4727919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, MYLES W
 4920 ANDROS DR
 TAMPA, FL 33629

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNOR, MYLES W 4920 ANDROS DR TAMPA, FL 33629
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 05/30/08-80062-011 138.75

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11. I hereby certify that the information supplied with this filing 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 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: Myles W. O'Connor MYLES W. O'CONNOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
 4/29/08 813-286-8083
 Date Daytime Phone #