


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000112633**

1. Entity Name  
 153 SOUTH BAYSHORE LLC



Principal Place of Business 127 AVENUE B APALACHICOLA, FL 32320	Mailing Address 127 AVENUE B APALACHICOLA, FL 32320
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**DO NOT WRITE IN THIS SPACE**



02182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 32-0185275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPOHRER, LYNN WILSON  
 127 AVENUE B  
 APALACHICOLA, FL FL

**DO NOT WRITE IN THIS SPACE**

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

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

U00000898882  
 04/28/08-80016-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPOHRER, B F 127 AVENUE B APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, LYNN 127 AVENUE B APALACHICOLA, FL 32320
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**DO NOT WRITE IN THIS SPACE**

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: *B.F. Spohrer* APRIL 12, 2008 (850)653-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #