

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069746

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: BAYSIDE INNOVATIONS GROUP, LLC

**Current Principal Place of Business:**

5319 21ST AVENUE N.  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

5319 21ST AVENUE N.  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, DAVID E  
5319 21ST AVENUE N.  
ST. PETERSBURG, FL 33710    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:                      MGR                      ( ) Delete  
Name:                      JOHNSON, DAVID E  
Address:                      5319 21ST AVENUE N.  
City-St-Zip:                      ST. PETERSBURG, FL 33710

Title:                      MGRM                      ( ) Delete  
Name:                      FRANKFURTER, PATRICK  
Address:                      5319 21ST AVENUE N.  
City-St-Zip:                      ST. PETERSBURG, FL 33710

Title:                      MGRM                      ( ) Delete  
Name:                      WALKER, H. DAVID JR  
Address:                      5319 21ST AVENUE N.  
City-St-Zip:                      ST. PETERSBURG, FL 33710

**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 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: DAVID E JOHNSON                      MMGR                      02/06/2009

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