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	Mailing Address
127 AVENUE B APALACHICOLA, FL 32320	127 AVENUE B APALACHICOLA, FL 32320

02182008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0185275

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPOHRER, LYNN WILSON
127 AVENUE B
APALACHICOLA, FL FL

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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 _____ 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	MGRM
NAME	SPOHRER, B F
STREET ADDRESS	127 AVENUE B
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	MGRM
NAME	WILSON, LYNN
STREET ADDRESS	127 AVENUE B
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 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 #