2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 FILED DOCUMENT # A03000001364 07 FEB 23 AM 10: 05 1. Entity Name BAYSHORE SPORTS ASSOCIATES, L.L.L.P. SEIRETART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 240 S. PINEAPPLE AVENUE, 10TH FLOOR 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 SARASOTA, FL 34236 02012007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0238124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAND, DAVID \$ DO NOT WRITE 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION P99000006398 DOCUMENT 4 FLAMINGO CONSULTING AND MANAGEMENT, INC. NAME STREET ADDRESS \40 S. PINEAPPLE AVENUE, 10TH FLOOR CITY-ST-ZIP SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS 600089614476 CHTY-ST-ZIP 02/27/07--01057--026 **500.00 DOCUMENT # NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME

SIGNATURE:

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Elprida Statutes

STREET ADDRESS CITY-ST-ZIP