2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001714

1. Entity Name BAYSHORE VENTURES, LTD.



FILED Feb 09, 2007 08:00 A Secretary of State

Principal Place of Business

4908 - 64TH DRIVE WEST BRADENTON, FL 34210 Mailing Address

4908 - 64TH DRIVE WEST BRADENTON, FL 34210



02052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied I	or
65-0619718	ſ	Not Appl	icable
5. Certificate of Status Desired		5 Additional	

6. Name and Address of Current Registered Agent

BRADENT	H DRIVE WEST ON, FL 34210	DO NOT WRITE IN THIS SPACE registered office or registered agent, or both. in the State of Florida. I am familiar with, and accept		
	ions of registered agent.			
Signature, typed or printed name of registered agent and title if applicable		DATE		
I	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900	0.00		
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	The state of the s		
DOCUMENT #	P95000023062			
NAME	BAYSHORE VENTURES, INC.			
STREET ADDRESS	4908 - 64TH DRIVE WEST	The state of the control of the state of the		
CITY-ST-ZIP	BRADENTON, FL 34210	The first transfer of the state		
DOCUMENT #				
NAME		U00000630386 and the control of the		
STREET ADDRESS		02/20/07-80003-018 500,00		
City-St-ZIP		The control of the co		
DOCUMENT #		and the control of the state of		
NAME		DO NOT MOTE		
STREET ADDRESS		DO NOT WRITE		
CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT #		IN THIS SPACE		
NAME		A second of the		
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT /				
NAME OFFEE ADDRESS		The state of the s		
STREET ADDRESS CITY-ST-ZIP		The first of the second of the		
DOCUMENT # NAME		The control of the co		

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, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING CONEDAL OF

GOVIN RAJAN

25/07 (941)752-0329

Daytime Phone #