


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000010469 1. Entity Name BAYSHORE PROPERTIES, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 315 N.E. THIRD AVE., #200 FORT LAUDERDALE, FL 33301 | Mailing Address 315 N.E. THIRD AVE., #200 FORT LAUDERDALE, FL 33301 |
|---|---|

DO NOT WRITE IN THIS SPACE



04222004 No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1043189 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent MORGAN, WALTER L 315 N.E. THIRD AVE., #200 FORT LAUDERDALE, FL 33301 |
|---|

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

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLORIDA LAND INVESTOR'S, INC. P.O. BOX 399 FT LAUDERDALE, FL 33302 |
| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000150796
05/04/04-80020-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: W. Morgan PRES. OF MANAGING MEMBER 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #