


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90022 016 \*\*\*\*50.00

<b>DOCUMENT # L00000010469</b>	
1. Entity Name <b>BAYSHORE PROPERTIES, LLC</b>	

Principal Place of Business <b>315 N.E. THIRD AVE., #200 FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>315 N.E. THIRD AVE., #200 FORT LAUDERDALE, FL 33301</b>
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2. Principal Place of Business		3. Mailing Address <b>P.O. Box 399</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Fort Lauderdale, FL</b>	
City & State		City & State	
Zip	Country	Zip	Country
<b>33302</b>	<b>USA</b>	<b>33302</b>	<b>USA</b>

00047003



01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1043189</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORGAN, WALTER L 315 N.E. THIRD AVE., #200 FORT LAUDERDALE, FL 33301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FLORIDA LAND INVESTOR'S, INC. P.O. BOX 399 FT LAUDERDALE, FL 33302</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* **PRES. OF MGR.** **4/15/05**