


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L00000010469</b>   |  |   |   |  |  |
| <b>1. Entity Name</b><br>BAYSHORE PROPERTIES, LLC  |  |   |   |   |  |
| <b>Principal Place of Business</b><br>1815 CORDOVA RD<br># 210<br>FORT LAUDERDALE, FL 33316  |  |   | <b>Mailing Address</b><br>1815 CORDOVA RD<br># 210<br>FORT LAUDERDALE, FL 33316 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |  |   | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  |  | Country   |   | Zip   |  |
| Country  |  | Country   |   | 04082008    Chg-LLC    CR2E083 (12/06)  |  |
| <b>4. FEI Number</b><br>65-1043189   |  |   |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |   |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   | <b>7. Name and Address of New Registered Agent</b>                              |   |  |
| MORGAN, WALTER L<br>315 N.E. THIRD AVE., #200<br>FORT LAUDERDALE, FL 33301   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City              |   |  |
| FL   |  |   | Zip Code  |   |  |
| <b>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.</b>   |  |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>FLORIDA LAND INVESTOR'S, INC.<br>P.O. BOX 399<br>FT LAUDERDALE, FL 33302 | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| <b>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 of assets empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>[Signature]</i> <b>AB PRESIDENT OF MANAGER</b> Date <i>4/10/08</i>  |  |   |   |   |  |