


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90009 005 \*\*\*\*50.00

<b>DOCUMENT # L01000004704</b>		
1. Entity Name <b>CHANNELSIDE GROUP, LLC</b>		

Principal Place of Business <b>5045 W CYPRESS ST TAMPA FL 33607</b>	Mailing Address <b>P.O. BOX 24282 TAMPA FL 33622</b>
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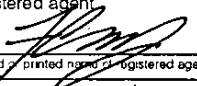
2. Principal Place of Business <b>500 N. Westshore Blvd</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite #405</b>		Suite, Apt. #, etc.	
City & State <b>TAMPA FL</b>		City & State	
Zip <b>33609</b>	Country <b>USA</b>	Zip	Country

1st MOORE CR2E083 (10/04)

4. FEI Number <b>59-3708935</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CISNEROS, FRANK G JR 5045 W CYPRESS ST TAMPA FL 33607</b>		7. Name and Address of New Registered Agent	
		Name <b>Frank G. Cisneros Jr.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>500 N. WESTSHORE BLVD</b>	
		<b>SUITE 405</b>	
		City <b>TAMPA</b>	FL Zip Code <b>33609</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.	
SIGNATURE 	DATE <b>3/31/05</b>

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CISNEROS, JR, FRANK G 5045 W CYPRESS ST TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANK G. CISNEROS JR 500 N. WESTSHORE BLVD SUITE 405 TAMPA FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL, RANDOLPH S PO BOX 18182 TAMPA FL 33679 <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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **FRANK G. CISNEROS JR.** **3/31/05** **(813) 220-5566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #