2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018495

1. Entity Name
BAYSIDE PROPERTIES, LLC

Principal Place of Business	Mailing Address
819 PINEDALE ROAD FORT WALTON BEACH, FL 32547 US	819 PINEDALE ROAD FORT WALTON BEACH, FL 32547 US

DO NOT WRITE IN THIS SPACE

04012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3757290

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LARSON, LOWELL
819 PINEDALE ROAD
FORT WALTON BEACH, FL 32547

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

Filing Fee is $50.00
Due by May 1, 2004

U00000136332
04/28/04-80088-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.
STREET ADDRESS	819 PINEDALE ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-26-04 850-863-3242x107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #