


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90034 029 \*\*\*\*50.00

<b>DOCUMENT # L02000007571</b> 1. Entity Name CHANNELSIDE DEVELOPERS, LLC	
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Principal Place of Business 5101 W. NEPTUNE WAY TAMPA, FL 33609 US	Mailing Address PO BOX 3913 TAMPA, FL 33601
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14002072



2. Principal Place of Business 4943 W. BAY WAY DR Suite, Apt. #, etc.	3. Mailing Address 101 S. FRANKLIN ST Suite, Apt. #, etc. SUITE 101 City & State TAMPA, FL Zip 33602 Country USA
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04132005 Chg-LLC CR2E083 (10/03)

City & State TAMPA, FL Zip 33629 Country USA	City & State TAMPA, FL Zip 33602 Country USA
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4. FEI Number 11-3657938	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARDNER, J. STEPHEN 220 S FRANKLIN ST TAMPA, FL 33602
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7. Name and Address of New Registered Agent Name J. Stephen Gardner Street Address (P.O. Box Number is Not Acceptable) 101 S. FRANKLIN ST SUITE 101 City TAMPA FL Zip Code 33602
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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 J. Stephen Gardner DATE 4/21/05

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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWKIRK, MARK E 5101 W. NEPTUNE WAY TAMPA, FL 33609 <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	MGRM NEWKIRK, THOMAS R 4943 W BAY WAY DR TAMPA, FL 33629 <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	MGRM NEWKIRK, SCOTT T 4943 W BAYWAY DR TAMPA, FL 33629 <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	MGRM GFI-11, LLC 220 S. FRANKLIN STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GFI-II, LLC 101 S. FRANKLIN ST., SUITE 101 TAMPA, FL 33602 <input checked="" 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 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: J. Stephen Gardner DATE 4/21/05

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