

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000008444

1. Entity Name

BAYSIDE REAL PROPERTY, LLC



Principal Place of Business

**109 OLYMPIA AVE
PUNTA GORDA, FL 33950**

Mailing Address

**P.O. BOX 511084
PUNTA GORDA, FL 33951-1084**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number

81-0549126

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHULZ, MARTIN
713 WEST RETTA ESPLANADE
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME SCHULZ, MARTIN
STREET ADDRESS 713 WEST RETTA ESPLANADE
CITY-ST-ZIP PUNTA GORDA, FL 33950**

**TITLE MGR
NAME SCHMITZER, HARALD
STREET ADDRESS PO BOX 511084
CITY-ST-ZIP PUNTA GORDA, FL 33951**

**TITLE
NAME
STREET ADDRESS
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01/20/06-80007-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

1/6/06

Date

941-505-0482

Daytime Phone #