

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000008444**

1. Entity Name  
**BAYSIDE REAL PROPERTY, LLC**



Principal Place of Business  
**109 OLYMPIA ACE  
PUNTA GORDA, FL 33950**

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



03192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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 reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000674139  
03/29/07-80059-001 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 of 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

Date

Daytime Phone #

**MARTIN SCHULZ**

**3/19/07**

**941-505-0482**