


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90088 008 \*\*\*138.75

<b>DOCUMENT # L02000008444</b>	
1. Entity Name <b>BAYSIDE REAL PROPERTY, LLC</b>	

Principal Place of Business <b>109 OLYMPIA AVE PUNTA GORDA, FL 33950</b>	Mailing Address <b>P.O. BOX 511084 PUNTA GORDA, FL 33951-1084</b>
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**60017646**

2. Principal Place of Business - No P.O. Box # <b>713 WEST RETTA ESPLANADE</b>	3. Mailing Address Suite, Apt. #, etc.
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01172008 Chg-LLC CR2E083 (12/06)

City & State <b>PUNTA GORDA, FL</b>	City & State
Zip <b>33950</b>	Country <b>USA</b>

4. FEI Number <b>81-0549126</b>	Applied For Not Applicable
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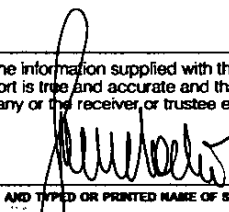
6. Name and Address of Current Registered Agent <b>SCHULZ, MARTIN 713 WEST RETTA ESPLANADE PUNTA GORDA, FL 33950</b>	
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHULZ, MARTIN 713 WEST RETTA ESPLANADE PUNTA GORDA, FL 33950</b> <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	<b>MGR SCHMITZER, HARALD PO BOX 511084 PUNTA GORDA, FL 33951</b> <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
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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 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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>3/13/08</b> <b>941-505-0482</b> <small>Date Daytime Phone #</small>