

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90059 010 ****50.00

DOCUMENT # L02000011157
1. Entity Name BAYSHORE PARK OF COMMERCE I, LLC

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 3909 SW 25TH PLACE Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State CAPE CORAL, FL	City & State
Zip 33914	Country USA

4. FEI Number 90-0033495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name CHARLES F MUNRO	
Street Address (P.O. Box Number is Not Acceptable) 3909 SW 25TH PLACE	
City CAPE CORAL	Zip Code FL 33914

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 <i>Charles F. Munro, Mgr. Dir.</i>	DATE 5/1/03

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE MGRM	NAME CHARLES F MUNRO	TITLE	NAME
STREET ADDRESS 3909 SW 25TH PLACE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP CAPE CORAL, FL 33914	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	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 <i>Charles F. Munro, Mgr. Dir.</i>	DATE 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone # 239-541-1016