

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90164 005 \*\*\*\*55.00

**DOCUMENT # L02000014011**

1. Entity Name  
**BAYSHORE CENTER, LLC**



Principal Place of Business  
**2144 POTPOURRI POINT  
 ROCK HILL, SC 29732**

Mailing Address  
**1905 EBENEZER RD  
 ROCK HILL, SC 29732**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
**04-3689448**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, W. LAWRENCE  
 101 EAST KENNEDY BOULEVARD, SUITE 3700  
 TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

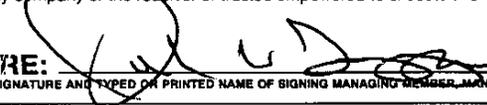
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THE BACK FORTY PROPERTIES GROUP, LLC 2144 POTPOURRI POINT ROCK HILL, SC 29732</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **3/7/2007** Daytime Phone #: **813-835-7625**

60027031



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