FROM : JOHN S MARCUM CPA PA   FAX NO. : 813 963 1622

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90017 035 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015802

1. Entity Name
BAYSHORE PROPERTY ONE, LLC

24052166

Principal Place of Business	Mailing Address
9249 COUNTY ROAD 647S BUSHNELL, FL 33513	9249 COUNTY ROAD 647S BUSHNELL, FL 33513
2. Principal Place of Business: P.O. Box 268	3. Mailing Address: P.O. Box 268
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Terra Ceia, Fl	City & State: Terra Ceia Fl
Zip: 34250 Country: US	Zip: 34250 Country: US

04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 54-2065656 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CHAPIN, JAMES T
9249 COUNTY ROAD 647S
BUSHNELL, FL 33513

7. Name and Address of New Registered Agent
Name: Mark Chapin
Street Address (P.O. Box Number Is Not Acceptable): 450 Bayshore Dr.
City: Terra Ceia FL Zip Code: 34250

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: Mark Chapin [signature] 4.21.04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHAPIN, JAMES T 9249 COUNTY ROAD 647S BUSHNELL, FL 33513	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGR Mark Chapin P.O. Box 268 Terra Ceia, Fl 34250	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Mark Chapin 4.21.04 941-713-4724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #