

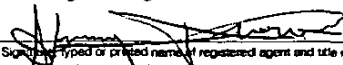



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90417 040 ****50.00

DOCUMENT # L02000018097					
1. Entity Name BAYSHORE GANDY INVESTMENTS, LLC					
Principal Place of Business 19333 COLLINS AVE SUITE 708 SUNNY ISLES BEACH, FL 33160			Mailing Address 19333 COLLINS AVE SUITE 708 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business 12710 Casey Road Suite, Apt. #, etc.		3. Mailing Address 12710 CASEY ROAD Suite, Apt. #, etc.			
City & State TAMPA - FLORIDA Zip: 33624 Country: USA		City & State TAMPA FLORIDA Zip: 33624 Country: USA		4. FEI Number 52-2382836	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AGHION, JACQUES 19333 COLLINS AV SUITE 708 SUNNY ISLES BEACH, FL 33160			7. Name and Address of New Registered Agent Name: ALFREDO SEIDNER Street Address (P.O. Box Number is Not Acceptable): 12710 CASEY ROAD City: TAMPA FL Zip Code: 33624		
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 			DATE: 01 / 06		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDNER, ALFREDO TRUSTEE 12710 CASEY ROAD TAMPA, FL 33624		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMPA PARK BAYSHORE, INC. 19333 COLLINS AVE, SUITE 708 SUNNY ISLES BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECLA INVESTMENTS, INC. 19333 COLLINS AVE, APT 2306 NORTH MIAMI BEACH, FL 33160		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	
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.					
SIGNATURE: 			DATE: 01 / 30 / 06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					