2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 05, 2005 08:00 AM Secretary of State **DOCUMENT # L02000029976** BAYSIDE SUBDIVISION LLC Principal Place of Business Mailing Address 1509 PASS-A-GRILLE WAY 1509 PASS-A-GRILLE WAY ST PETE BEACH, FL 33706 ST PETE BEACH, FL 33706 03012005No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3723856 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEME, ROBERT F DO NOT WRITE 1301 SIXTH AVENUE W., STE 400 BRADENTON, FL 34205 IN THIS SPACE 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. Sonature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MORM TITLE KENNEDY, MICHAEL M NAME STREET ADDRESS 1509 PASS-A-GRILLE WAY CITY-ST-ZIP SAINT PETERSBURG, FL 33706 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the Information supplied with this filling 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP