2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

## Milling Address 200	DOCUMENT # L0300007987 1. Entity Name BAYSHORE PHONE A, L.L.C.					Secretary of Stat				State
Subs, Apr. #, etc. 91202905 Chg-LLC CR26083 (10/03) City & State 4. FEI Number 2.6-0062779 1/0Art Application 2.6-0062779	2033 MAIN	ST., STE. 600	2033 MAIN ST., STE. 600				in ester mil erin esik k	eni ssint esint (ss	in inisi inii ina	and lik tubi
City & State Country The State Address of Current Registered Agent The Name and Address of New Registe	2. Principal P	Place of Business	3. Mailing Address							
26-0062779 Note Applicable St. Octificate of Status Desired St. Octificate of St. Octificate of Status Desired St. Octificate of St. Octificat	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202005	Chg-LLC	CR2E0	33 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS, TROY H. IR. ESQ 2033 MAIN ST, STE. 600 SARASOTA, FL 34237 City FL Zip Code 8. The above named entity flictinits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Filing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Due by May 1, 2005 Phing Fee is \$50.00 Phing Due by May 1, 2005 Phing Fee is \$50.00 Phing Fee is \$50.00 Phing Fee is \$50.00 Phing Due by May 1, 2005 Phing Fee is \$50.00 Phing Due by May 1, 2005 Phing Fee is \$50.00 Phing Due by May 1, 2005 Phing Fee is \$50.00 Phing Due by May 1, 2005 Phing Fee is \$50.00 Phing Fee is \$50.00 Phing Due by May 1, 2005 Phing Fee is \$50.00 Phing Fee is \$50.00 Phing Fee is \$50.00 Phing Fee is \$50.00 Phing Phing Fee is	City & State		City & State			1			<u> </u>	`
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Street Address (P.O. Box Number is Not Acceptable) Interest Acceptable Accept		6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New	Registered A	gent	
B. The above named entity Sizemits this statement for the purpose of changing his 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 types to be provided agent and the 3 applicable The format special provided agent and the 3 applicable The format special provided agent and the 3 applicable The format special provided agent and the 3 applicable The format special provided agent and the 3 applicable The format special provided agent and the 3 applicable The format special provided agent and the 3 applicable The format special provided agent and the 3 applicable The format special provided agent The format special provided The format special provi	2033 MAIN	N ST., STE. 600	· · · · · · · · · · · · · · · · · · ·		Street Address (s (P.O. Box Number is Not Acceptable)				
The collogations of registered agent. SIGNATURE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM DIGITAL COMMUNITY NETWORKS, INC. STREET AGENESS OTY-ST-2P TITLE NAME STREET AGENESS OTY-ST-2P TITLE NAME STREET AGENESS OTY-ST-2P TITLE NAME NAME STREET AGENESS OTY-ST-2P TITLE NAME NAME STREET AGENESS OTY-ST-2P TITLE NAME NAME STREET AGENESS OTY-ST-2P TITLE NAME NAME STREET AGENESS OTY-ST-2P TITLE NAME NAME STREET AGENESS OTY-ST-2P TITLE NAME STREET AGENESS OT					City			FL	Zip Code	
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NAME STREET ADDRESS CITY-ST-ZIP 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 liability company or the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS		□ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition
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