2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Amended

05-02-2005 90084 039 ****50.00
L03000016019

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 28 AM 8: 21

DOCUMENT # L03000016019

1. Entity Name

BAYSHORE PROFESSIONAL, LLC

Principal Place of Business	Mailing Address
3440 CONWAY BLVD., SUITE 3A PORT CHARLOTTE FL 33952	3440 CONWAY BLVD., SUITE 3A PORT CHARLOTTE FL 33952

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
3195 Harbor BLV.		3195 Harbor BLV.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PORT CHARLOTTE FL.		City & State: PORT CHARLOTTE FL	
Zip: 33952	Country: Charlotte	Zip: 33952	Country: CHARLOTTE

4. FEI Number: 58-2671979 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VELAMAKANNI, KRISHNAMURTY S
~~3440 CONWAY BLVD BLGD 3 STE A~~
PORT CHARLOTTE FL 33952

3195 Harbor BLVD

7. Name and Address of New Registered Agent

Name: VELAMAKANNI, KRISHNAMURTY S.

Street Address (P.O. Box Number is Not Acceptable): 3195 Harbor BLVD

City: Port Charlotte FL. FL Zip Code: 33952.

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

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VELAMAKANNI, KRISHNAMURTY S		NAME	
STREET ADDRESS	3440 CONWAY BLVD. BLGD 3A		STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VELAMAKANNI, VIJAYA K		NAME	
STREET ADDRESS	3440 CONWAY BLVD. BLGD 3A		STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

FILED 05 JUL 28 AM 8:21 SECRETARY OF STATE DIVISION OF CORPORATIONS

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: ______________________ 4/28/05 (941) 629-7092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #