

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90189 018 \*\*\*\*50.00

**DOCUMENT # L03000021718**

1. Entity Name  
**BAYSHORE 42, LLC**



Principal Place of Business  
**1342 COLONIAL BOULEVARD  
SUITE 42  
FORT MYERS, FL 33907**

Mailing Address  
**1342 COLONIAL BOULEVARD  
SUITE 42  
FORT MYERS, FL 33907**

**24018883**



2. Principal Place of Business

3. Mailing Address

**9101 West College Pointe Dr**

**PO Box 1662**

Suite, Apt. #, etc.  
**Suite 1**

Suite, Apt. #, etc.

03032004 Chg: LLC CR2E083 (10/03)

City & State  
**Ft MYERS FL**

City & State  
**Ft MYERS FL**

4. FEI Number  
**05-0551142**

Applied For  
Not Applicable

Zip Country  
**33919 US**

Zip Country  
**33902 US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINSEY, JAMES E JR.  
**1342 COLONIAL BOULEVARD  
SUITE 42  
FORT MYERS, FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

**9101 West College Pointe Dr**

**Suite 1**

City **Ft MYERS**

**FL**

Zip Code

**33919**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-6-04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. m.m. ADDITIONS/CHANGES

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**James E Kinsey Jr  
PO Box 1662  
Ft MYERS FL 33902**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**M.M.  
JOHN T. KINSEY  
PO Box 811987  
BOCA RATON FL 33481-1987**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-6-04 2399391367**

Date

Daytime Phone #