#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L03000021718**

1. Entity Name BAYSHORE 42, LLC



FILED Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

9101 WEST COLLEGE POINTE

PO BOX 1662

FORT MYERS, FL 33902

SUITE 1 FORT MYERS, FL 33919



## DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0551142

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSEY, JAMES E JR. 9101 WEST COLLEGE POINTE DRIVE SUITE 1 FORT MYERS, FL 33919

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<ol> <li>the above named entity submits this statement for the purpose of chat the obligations of registered agent.</li> </ol>	inging its registered office of registered agent, or both, in	the State of Florida. Tam familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature regured when reinstating)	DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINSEY, JAMES E JR PO. BOX 1662 FORT MYERS, FL 33902
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINSEY, JOHN T PO BOX 811987 BOCA RATON, FL 334811987
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

MANAGING MEMBERS/MANAGERS

U00000675797 03/30/07-80034-013 50.00

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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 1 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 MAINSOING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES E KINSEY JR 3/19/07 239.939-136

Daytime Phone #