


4/19/20

FILED
Jul 09, 2004 8:00 am
Secretary of State

04-19-2004 90042 013 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000027639			
1. Entity Name BAYSHORE RESORT PARTNERS OF NICEVILLE, LLC			
Principal Place of Business 106 BAYSHORE DRIVE NICEVILLE, FL 32578		Mailing Address 106 BAYSHORE DRIVE NICEVILLE, FL 32578	
2. Principal Place of Business		3. Mailing Address P.O. Box 335	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State Valparaiso, FL	
Zip		Zip 32580	
Country		Country	
4. FEI Number 51-0509550		Applied For (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, JAMES E 106 BAYSHORE DRIVE NICEVILLE, FL 32578		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Member James E Moore 106 Bayshore Dr. Niceville, FL 32578			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Member Managing member Grady Don Pope 106 Awater St Ft. Walton Beach, FL			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information provided with this form does not qualify for the exemption stated in Section 119.07(3)(b), 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 partner or trustee empowered to prepare this report as required by Chapter 608, Florida Statutes.			
SIGNATURE _____		15th of 04	

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04142004 Chg-LLC CR2E083 (10/03)