


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L03000027639

1. Entity Name
BAYSHORE RESORT PARTNERS OF NICEVILLE, LLC



Principal Place of Business 106 BAYSHORE DRIVE NICEVILLE, FL 32578	Mailing Address P.O. BOX 335 VALPARAISO, FL 32580
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0509550	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, JAMES E
 106 BAYSHORE DRIVE
 NICEVILLE, FL 32578**

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POPE, GRADY DON 106 A WATER STREET FORT WALTON BEACH, FL
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 04/29/08-80027-012 138.75

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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 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 *Grady Don Pope* **MGRM** **11 April 08** **858-729-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Grady Don Pope