FILED
Jun 23, 2004 8:00 am
Secretary of State

05-14-2004 90448 013 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032049

1. Entity Name
BAYSHORE CAPITAL PARTNERS, L.L.C.

34008867

Principal Place of Business	Mailing Address
4825 BAYHERON PLACE #508 TAMPA, FL 33616	4825 BAYHERON PLACE #508 TAMPA, FL 33616

05112004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 3936 W. BAY VISTA AVE	3. Mailing Address: 3936 W. BAY VISTA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA FL
Zip: 33611 Country: HILLS	Zip: 33611 Country: HILLS

4. FEI Number: 20-0172674 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, JACK T JR
4825 BAYHERON PLACE #508
TAMPA, FL 33616

7. Name and Address of New Registered Agent

Name

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

City FL 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 Jack T. Alvarez Jr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, JACK T JR. 4825 BAYHERON PLACE #508 TAMPA, FL 33616	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Jack T. Alvarez Jr. 6-14-04 813-831-6941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JACK T. ALVAREZ JR