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FILED
Jun 23, 2004 8:00 am
Secretary of State
05-14-2004 90448 013 ****50.00

34008867

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032049

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

| Principal Place of Business | Mailing Address |
|---|---|
| 4825 BAYHERON PLACE #508<br>TAMPA, FL 33616 | 4825 BAYHERON PLACE #508<br>TAMPA, FL 33616 |

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

05112004 Chg-LLC CR2E083 (10/03)

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 | 7. Name and Address of New Registered Agent |
|---|---|
| ALVAREZ, JACK T JR<br>4825 BAYHERON PLACE #508<br>TAMPA, FL 33616 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | ALVAREZ, JACK T JR. | NAME | |
| STREET ADDRESS | 4825 BAYHERON PLACE #508 | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33616 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** 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