

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90111 011 ****50.00

DOCUMENT # L03000034538

1. Entity Name
BAYSHORE SECOND CONDO CABLE, L.L.C.



Principal Place of Business
**2073 PORTER LAKE DRIVE
SUITE D
SARASOTA, FL 34240**

Mailing Address
**2073 PORTER LAKE DRIVE
SUITE D
SARASOTA, FL 34240**

20009843

2. Principal Place of Business
2033 Main Street

3. Mailing Address
2033 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Sarasota, Florida

Sarasota, Florida

02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2040726 56-2407267

Applied For
Not Applicable

Zip
34237

Country

Zip
34237

Country

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

6. Name and Address of Current Registered Agent

**MYERS, TROY H JR.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237**

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

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIGITAL COMMUNITY NETWORKS, INC.
2073 PORTER LAKE DRIVE, SUITE D
SARASOTA, FL 34240** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
John O'Shea
2033 Main Street, Suite 600
Sarasota, FL 34237** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TROY H. MYERS, JR. as Authorized Representative 02/08/06 (941) 953-8110