2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # L03000034727 1. Entity Name BAYSHORE HEAD END, L.L.C.					Sec	cretary of	State
Principal Plac	e of Business	Mailing Address					
2073 PORTER LAKE DRIVE, SUITE D SARASOTA, FL 34240		2073 PORTER LAKE DRIVE, SUITE D SARASOTA, FL 34240					w
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Num 56-24	ber 07248	<u> </u>	oplied For of Applicable
Zip Country		Zip			te of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name ar	d Address of New Re	gistered Agent	
MYERS, T	ROY H JR.,ESQ	= 1	\				
2033 MAIN	N STREET, SUITE 600 'A, FL 34237		Street Add	ress (P.O. Box Num	ber is Not Acceptable)	· 	
			City		White I am a second	FL Zip Cod	e
9 The above	and and a state of the state of	the number of shancing its i	alatavad affica as va	aintered amost of h	oth in the State of Flor		and consent
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, typod or printed name of registered agent	and the if applicable 'NOTE	Registered Agent sighature	equired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005						check payable to Department of State	e :
9.	MANAGING MEMBE		10.		APPHICAGO	1200 A TOTAL OF THE PARTY OF TH	
TITLE NAME	MGR DIGITAL COMMUNITY NETWOR	Delete	, TITLE NAME		04/29/05-(30114- 006 -90	. 😘 Addition
STREET ADDRESS CITY-ST-ZIP	2073 PORTER LAKE DRIVE, SU SARASOTA, FL 34240		STREET ADDRESS CITY-ST-ZIP		<u> </u>	243866	
TITLE	MGR	☐ Delete	TITLE		— <u> </u>	80114-006-50. D Change	Addition
NAME STREET ADDRESS	MYERS, TROY H JR.,ESQ 2033 MAIN STREET, SUITE 600	7	NAME STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34237		CITY - ST - ZIP			- <u>-</u>	
TITLE NAME		Delete	TITLE			Change	Addition
STREET ADGRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	. –	□ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delele	TITLE			☐ Change	☐ Addition
name Street address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	_ 	☐ Delete	TITLE		<u>-</u> · · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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: ROBERT M MISCAVAGE 4 26 05							
DIGINAL	SIGNATURE AND TYPED AR PRINTED HAME O	F SIGNING MANAGING MEMBER, MANA	GER, OR AUTHORIZED RE	PRESENTATIVE	Date	Dayrime Phone #	