

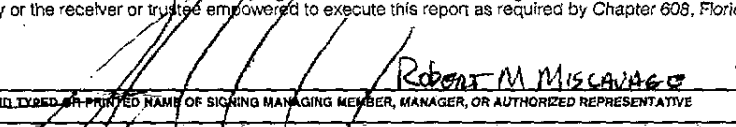


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L03000034727</b>					
<b>1. Entity Name</b> BAYSHORE HEAD END, L.L.C.					
<b>Principal Place of Business</b> 2073 PORTER LAKE DRIVE, SUITE D SARASOTA, FL 34240			<b>Mailing Address</b> 2073 PORTER LAKE DRIVE, SUITE D SARASOTA, FL 34240		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 56-2407248	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MYERS, TROY H JR., ESQ 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONAL CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	MGR DIGITAL COMMUNITY NETWORKS, INC. 2073 PORTER LAKE DRIVE, SUITE D SARASOTA, FL 34240	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	04/29/05-80114-006 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	MGR MYERS, TROY H JR., ESQ 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	04/29/05-80114-006 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Robert M. Miscavage</b>				Date <b>4/26/05</b> Daytime Phone #	