2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

May 01, 2006 8:00 am Secretary of State DOCUMENT # L03000034727 05-01-2006 90095 001 ***650.00 BAYSHORE HEAD END. L.L.C. Principal Place of Business Mailing Address 2073 PORTER LAKE DRIVE, SUITE D 2073 PORTER LAKE DRIVE, SUITE D SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address 1718 Main Street 1718 Main Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-LLC CR2E083 (11/05) Suite 300 Suite 300 City & State City & State 4. FEI Number Applied For Sarasota, Sarasota, 56-2407248 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34236 USA 34236 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS, TROY H JR., ESQ Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 City 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 little if applicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR HILE MGR ☐ Delete Change ☐ Addition NAME DIGITAL COMMUNITY NETWORKS, INC. DIGITAL COMMUNITY NETWORKS, INC. NAME STREET ADDRESS 2073 PORTER LAKE DRIVE, SUITE D 1718 MAIN STREET, SUITE 300 STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34240 CITY-ST-7IP SARASOTA, FL 34236 TITLE ☐ Delete TITLE ☐ Change Addition MYERS, TROY H JR., ESQ NAME STREET ADDRESS 2033 MAIN STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

DIGITAL COMMUNITY NETWORKS, INC. Robert M. Miscavage, President

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/06

Date

941.366.1805

Daytime Phone #

FILED