## 2006 LIMITED LIABILITY COMPANY

## **FILED** May 22 2006 08:00 AM

ANNUAL REPORT			Secretary of State	
DOCUMENT # L04000007159			Secretary or state	
1. Enity Name BAYSHORE SOUTH DEVELOPERS, LLC				
Principal Place 5999 BISCAY MIAMI, FL 33	NE BLVD 5999 BISCAYNE BLVD		4 (CONCOR) OCC CONCORNIA CONTO C	
<u> </u>		, , , , , , , , , , , , , , , , , , ,		
DO NOT WRITE IN THIS SPACE			05162006 No Chg-LLC CR2E083 (11/05)	
			4. FEI Number Applied For 20-0793710 Not Applied.	
			5. Certificate of Status Desired   \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				
LAW OFFICE OF PASTOR MONTES & NAVEO, P.A. 5999 BISCAYNE BLVD MIAMI, FL 33137		-	DO NOT WRITE IN THIS SPACE	
		egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and acce	
rue coligar	tions of registered agent.			
Signature: Signature, typed or printed registered agent and title if applicable (NOTE: Registered Agent aignature required when refinature) OATE				
Fii Due t	ling Fee is \$50.00 by September 6, 2006			
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CUTY-ST-ZIP	MGR PASTOR, JOSE C 5999 BISCAYNE BLVD	Ξ'		
TITLE MAME STREET ADDRESS	MIAMI, FL 33137  MGR GIST-PASTOR, MICHELLE A 5999 BISCAYNE BLVD		000000565798 05/22/06-80013-007:50.00	
CITY-ST-ZIP	MIAMI, FL 33137			
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME		IN THIS SPACE		
STREET ADORESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				
SIBEEL ADDRESS				

11. 1 hereby certify that the information supplied with this lilling 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 eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 5/17
SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE