## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # L04000007159 BAYSHORE SOUTH DEVELOPERS, LLC Principal Place of Business Mailing Address 5999 BISCAYNE BLVD 5999 BISCAYNE BLVD MIAMI, FL 33137 MIAMI, FL 33137 04072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0793710 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LAW OFFICE OF PASTOR MONTES & NAVEO, P.A. DO NOT WRITE 5999 BISCAYNE BLVD MIAMI, FL 33137 IN THIS SPACE 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) FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME PASTOR, JOSE C STREET ADDRESS 5999 BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL 33137 TITI F NAME GIST-PASTOR, MICHELLE A STREET ADDRESS 5999 BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL 33137 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #

FILED.