2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# L04000013656

Entity Name: BAYSHORE PARTNERS, LLC

Current Principal Place of Business:

2500 AQUA VISTA BLVD.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

316 NE FOURTH STREET
FORT LAUDERDALE, FL 33301

Current Mailing Address:

2500 AQUA VISTA BLVD.
FORT LAUDERDALE, FL 33301

New Mailing Address:

316 NE FOURTH STREET
FORT LAUDERDALE, FL 33301

FEI Number: 41-2128712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE, 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TURNER, MICHAEL F PARTNER
316 NE FOURTH STREET
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: MICHAEL TURNER 01/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: TURNER, MICHAEL F PARTNER
Address: 316 NE FOURTH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Change (X) Addition
Name: FARLIE, CRAIG L PARTNER
Address: 316 NE FOURTH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL TURNER MGRM 01/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date