

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015086

FILED
Jul 30, 2007
Secretary of State

Entity Name: BATTLEVIEW WESTSHORE PROPERTIES, LLC

Current Principal Place of Business:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609

New Principal Place of Business:

912 W. PLATT ST.
SUITE 200
TAMPA, FL 33606

Current Mailing Address:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609

New Mailing Address:

912 W. PLATT ST.
SUITE 200
TAMPA, FL 33606

FEI Number: 26-0081067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW OFFICE OF DONALD P. DECORT, P.A.
115 SOUTH FIELDING AVENUE
SUITE 3
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

BAILEY, RYAN K
912 W. PLATT ST.
SUITE 200
TAMPA, FL 33606 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: RYAN K BAILEY

07/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAILEY, R. KENT
Address: 550 NORTH REO STREET, SUITE 300
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAILEY, R. KENT
Address: 912 W. PLATT ST., SUITE 200
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RYAN KENT BAILEY

MGR

07/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date