


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90005 024 \*\*\*150.00

<b>DOCUMENT # L04000020180</b>			
1. Entity Name <b>1932 BAYSHORE, L.L.C.</b>		Mailing Address <b>14500 S.W. 182 AVE. MIAMI FL 33196</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1920 SW Bayshore Blvd.</b>	
City & State		City & State <b>Port St. Lucie</b>	
Zip		Zip <b>34984</b>	
Country		Country	
4. FEI Number <b>34-1987000</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GUTIERREZ, ROBERTO JR 4501 SW 102 PLACE MIAMI FL 33165</b>		7. Name and Address of New Registered Agent Name <b>ROBERTO Gutierrez</b> Street Address (P.O. Box Number is Not Acceptable) <b>7436 Bob O'LINK WAY</b> City <b>PORT ST. LUCIE FL</b> Zip Code <b>34986</b>	
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 <b>Robert Guly</b>		DATE <b>2/21/06</b>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006.</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUTIERREZ, ROBERTO JR- 4501 SW 102 PLACE MIAMI FL 33165</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUTIERREZ, ROBERTO SR 4501 SW 102 PLACE MIAMI FL 33165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7436 Bob O'LINK WAY PORT ST. LUCIE, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM MARGARITA GUTIERREZ 7436 Bob O'LINK WAY PORT ST. LUCIE, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** **Robert Guly** **2/21/06 (305) 345 0735**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #