

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90307 015 \*\*\*\*50.00



**DOCUMENT # L04000020180**  
 1. Entity Name  
 1932 BAYSHORE, L.L.C.

Principal Place of Business      Mailing Address  
 4501 SW 102 PLACE      1920 SOUTHWEST BAYSHORE BOULEVARD  
 MIAMI FL 33165      PORT SAINT LUCIE FL 34984  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 7436 Bob O'Link Way      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/06)

City & State      City & State  
 Port St. Lucie FL

4. FEI Number      Applied For  
 34-1987000      Not Applicable

Zip      Country      Zip      Country  
 34986      US

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GUTIERREZ, ROBERTO  
 7436 BOB O'LINK WAY  
 PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GUTIERREZ, MARGARITA	
STREET ADDRESS	7436 BOB O'LINK WAY	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34986	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ROBERTO SR	
STREET ADDRESS	7436 BOB O'LINK WAY	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Margarita Gutierrez*      3/19/07      305 345-0731  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #