


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035591 1. Entity Name CHANNELSIDE DEVELOPERS II, LLC	
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Principal Place of Business 101 S FRANKLIN ST, STE 101 TAMPA, FL 33602	Mailing Address 101 S FRANKLIN ST, STE 101 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2709926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARDNER, J. STEPHEN 101 S FRANKLIN ST TAMPA, FL 33602

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWKIRK, THOMAS R 4943 W BAY WAY DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, J STEPHEN 101 S FRANKLIN ST STE 101 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINDER, GREGORY J 100 E MADISON ST STE 100-A TAMPA, FL 33602
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04/27/07-80009-008 50.00

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

SIGNATURE:  **4/4/07** **813.676.8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #