

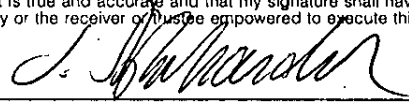


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

| | | | |
|---|---|--|--|
| DOCUMENT # L04000035591 | |  | |
| 1. Entity Name CHANNELSIDE DEVELOPERS II, LLC | | | |
| Principal Place of Business 101 S FRANKLIN ST, STE 101 TAMPA, FL 33602 | | Mailing Address 101 S FRANKLIN ST, STE 101 TAMPA, FL 33602 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  01142008 No Chg-LLC CR2E083 (12/07) | |
| | | 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | <div>U00000804070 02/05/08-80052-001 416.25</div> DO NOT WRITE IN THIS SPACE | |
| 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 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | | |
| TITLE 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 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:  | | Date: <u>1/14/08</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | | |