


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90176 049 ****50.00

DOCUMENT # L04000036898 1. Entity Name BAYSHORE CORNER ASSOCIATES LLC	
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Principal Place of Business
**9101 W. COLLEGE POINTE DR.
SUITE 1
FORT MYERS, FL 33919 US**

Mailing Address
**PO BOX 1662
FORT MYERS, FL 33902 US**



02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1121692	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KINSEY, JAMES E JR
1230 WESTFIELD DR
FT MYERS, FL 33919**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYSHORE 42, LLC PO BOX 1662 FORT MYERS, FL 33902
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES E KINSEY JR 3/19/07 239-939-1367

Date

Daytime Phone #