2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-14-2005 90591 026 ****50.00
FILED
SECRETARY OF STATE L04000040861
DIVISION OF CORPORATIONS
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DOCUMENT # L04000040861

1. Entity Name
BAYSHORE BECCA LLC

Principal Place of Business	Mailing Address
1100 FIFTH AVENUE SOUTH 201 NAPLES, FL 34102	1100 FIFTH AVENUE SOUTH 201 NAPLES, FL 34102

02092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REDIC, JAMES P
1535 NORTHGATE DRIVE
NAPLES, FL 34105

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 ______________________________
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, 2005

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REDIC, JAMES P		NAME		
STREET ADDRESS	1535 NORTHGATE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #