

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90034 031 ****50.00

DOCUMENT # L04000057453

1. Entity Name
CHANNELSIDE DEVELOPERS HOLDINGS, LLC



Principal Place of Business
P.O. BOX 1341
TAMPA, FL 33601-1341

Mailing Address
P.O. BOX 1341
TAMPA, FL 33601-1341

14002070

2. Principal Place of Business

101 S. FRANKLIN ST

Suite, Apt. #, etc.

SUITE 101

City & State

TAMPA, FL

Zip

33602

Country

USA

3. Mailing Address

101 S. FRANKLIN ST.

Suite, Apt. #, etc.

SUITE 101

City & State

TAMPA, FL

Zip

33602

Country

USA

04132005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-2632629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
220 S. FRANKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

J. Stephen Gardner

Street Address (P.O. Box Number is Not Acceptable)

101 S. FRANKLIN ST.

SUITE 101

City

TAMPA

FL

Zip Code

33602

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

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	
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 checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	NEWKIRK, MARK E.
CITY - ST - ZIP	5101 NEPTUNE WAY TAMPA, FL 33609
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	NEWKIRK, THOMAS R.
CITY - ST - ZIP	4943 W. BAYWAY DR TAMPA, FL 33629
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	NEWKIRK, SCOTT T.
CITY - ST - ZIP	4943 W. BAYWAY DR. TAMPA, FL 33629
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	GFI-II LLC
CITY - ST - ZIP	101 S. FRANKLIN ST, SUITE 101 TAMPA, FL 33602
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #