2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

| | | 4 |
|--------------------------------------------------------|-------------------|---|
| DOCUMENT # L0400 1. Entity Name CHANNELSIDE DEVELOPER | | |
| Principal Place of Business | Mailing Address | |
| 101 S FRANKLIN ST | 101 S FRANKLIN ST | |
| SUITE 101 | SUITE 101 | |
| TAMPA, FL 33602 | TAMPA, FL 33602 | |



DO NOT WRITE IN THIS SPACE

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

01142008 No Chg-LLC CR2E083 (12/07)

| 4. FEI Number | L_ | Applied For |
|----------------------------------|------------------|-------------------|
| 20-2632629 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Fee Re | Additional quired |

Davime Phone #

6. Name and Address of Current Registered Agent
GARDNER, J. STEPHEN

101 S FRANKLIN ST SUITE 101 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 | SIGNATURE | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GARDNER, J STEPHEN 101 S FRANKLIN ST STE 101 TAMPA, FL 33602 | U00000804073 | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | 02/05/08-80052-001 416.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | IN THIS SPACE | | |
| 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. | | | | |