

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90035 036 \*\*\*\*50.00

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04222005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000078574</b>		
1. Entity Name BAYSHORE BUNGALOWS TOWNHOMES, LLC		

Principal Place of Business 2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606	Mailing Address KOEHLER & COMPANY PA 502 N ARMENIA AVENUE TAMPA, FL 33609
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	

6. Name and Address of Current Registered Agent	
KOEHLER, KEITH W 502 N ARMENIA AVENUE TAMPA, FL 33609	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State	
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	DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUM, JOHN			NAME			
STREET ADDRESS	2101 W PLATT STREET #200			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GULUZIAN, ARAM			NAME			
STREET ADDRESS	2101 W PLATT STREET #200			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:	DATE
Signature, typed or printed name of signing managing member, manager, or authorized representative	

4/26/05 (813) 258-5478