2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000085130

1. Entity Name



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

04-28-2005 90036 025 ****50.00

BAYŚIDE	INDUSTRIAL PAF	RK, LLC								
Principal Place of Business 3001 EXECUTIVE DR SUITE 250 CLEARWATER, FL 33762-532 US		Mailing Address 3001 EXECUTIVE DR. SUITE 250 CLEARWATER, FL 33762532 US		TAUARON DI CENI ENDI ENDI ENDI CENI ENDI INCES ENDI UCOS UNI ENDE IN CIEN						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04162005	Chg-LLC	CR2E0	33 (10/03)	
City & State			City & State			1 FEI Numbe 20 - 2	09516	7		plied For at Applicable
Zip	Country		Zip	Coun	try		of Status Desired		5.00 Add	
	6. Name and Address	of Current R	egistered Agent			7. Name and	Address of New F	legistered A	gent	
POSS FLUOTEM				Name						
ROSS, ELLIOTT M 3001 EXECUTIVE DR. SUITE 250			Street Address		P.O. Box Numbe	r is Not Acceptable	e)			
CLEARWATER, FL 33762-532			City				FL	Zip Cod		
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.					ed office or register	ed agent, or both	ı, in the State of Fk		amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of		distribution (Association)							
	Signature, typed or prinsio reime or	etherien ether m	G KIR F EDDICEDIE. (NOTE	: riegizere	d Agent signature required	when remediang)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005								e check pr a Departme		
9.	MANAG	ING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES		
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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 appropriate 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.

Elliott M. Ross SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-16-05

727-725-280

Daytime Phone #