· 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000085130

1. Entity Name

BAYSIDE INDUSTRIAL PARK, LLC



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

3001 EXECUTIVE DR.

SUITE 250

CLEARWATER, FL 33762--532 US

Mailing Address

3001 EXECUTIVE DR.

SUITE 250

CLEARWATER, FL 33762--532 US



04202008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2095169 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROSS, ELLIOTT M 3001 EXECUTIVE DR. SUITE 250

CLEARWATER, FL 33762-532

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, typed or printed name of registered agent and title if applicable.

NOTE, Repistered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

5 .	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, ELLIOTT M 3001 EXECUTIVE DR., #250 CLEARWATER, FL 33762-532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-DP	-
TITLE NAME STREET ADDRESS	

U00000550187 05/13/06-80050-007 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

EIIIOCC H, ROS

Elliott M. Ross, Mg.Mbr.

4-18-06

727-725-2800

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

Date

Daytime Phone #