

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026017

FILED
Apr 24, 2008
Secretary of State

Entity Name: BAYSHORE EDGEWOOD, LLC

Current Principal Place of Business:

106 SOUTH HOOVER ST.
TAMPA, FL 33609

New Principal Place of Business:

8902 N. DALE MABRY HWY
SUITE 114
TAMPA, FL 33614

Current Mailing Address:

106 SOUTH HOOVER ST.
TAMPA, FL 33609

New Mailing Address:

8902 N. DALE MABRY HWY
SUITE 114
TAMPA, FL 33614

FEI Number: 20-2524028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQUIRE
1250 S. BELCHER ROAD
SUITE 160
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, TEJAS
Address: 106 SOUTH HOOVER ST.
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: ROBERTS, III, EDWARD P
Address: 106 SOUTH HOOVER ST.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, TEJAS
Address: 8902 N. DALE MABRY HWY, SUITE 114
City-St-Zip: TAMPA, FL 33614

Title: MGRM (X) Change () Addition
Name: ROBERTS, III, EDWARD P
Address: 8902 N. DALE MABRY HWY, SUITE 114
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD P. ROBERTS, III

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date