


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90030 009 ****55.00

DOCUMENT # L05000042286	
1. Entity Name BAYSIDE ENTERPRISES, L.L.C.	

Principal Place of Business 2152 BAY ST SARASOTA FL 34237	Mailing Address 2152 BAY ST SARASOTA FL 34237
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2. Principal Place of Business - No P.O. Box # 1910 North Lime Ave.	3. Mailing Address 1910 North Lime Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34234	Zip 34234
Country USA	Country USA

4. FEI Number 47-0954702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WOTTON, THOMAS 2152 BAY ST SARASOTA FL 34237	
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7. Name and Address of New Registered Agent Name Wotton Thomas Street Address (P.O. Box Number is Not Acceptable) 1910 North Lime Ave. City SARASOTA FL Zip Code 34234	
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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WOTTON, THOMAS 2152 BAY ST SARASOTA FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM THOMAS WOTTON 1910 North Lime Ave. SARASOTA, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Thomas Wotton **4-23-2007 941-955-2640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #