2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# L05000043361

Entity Name: BAYSHORE PALMS V, LLC

Current Principal Place of Business:

313 VISTA CIRCLE
NORTH OLMSTED, OH 44070

New Principal Place of Business:

Current Mailing Address:

313 VISTA CIRCLE
NORTH OLMSTED, OH 44070

New Mailing Address:

FEI Number: 42-1667382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: LINDAHL, BURKHART R
Address: 313 VISTA CIRCLE
City-St-Zip: NORTH OLMSTED, OH 44070

Title: MGRM ( ) Delete
Name: LINDAHL, SHERRY L
Address: C/O 313 VISTA CIRCLE
City-St-Zip: NORTH OLMSTED, OH 44070

Title: MGRM ( ) Delete
Name: BRANDT, JAMES
Address: C/O 313 VISTA CIRCLE
City-St-Zip: NORTH OLMSTED, OH 44070

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: BRANDT, JAMES R
Address: C/O 313 VISTA CIRCLE
City-St-Zip: NORTH OLMSTED, OH 44070

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: /S/ BURKHART R LINDAHL MGRM 01/31/2008

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