



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90064 012 \*\*\*\*50.00

|  |  |                                 |   |  |  |
|--|--|---------------------------------|---|--|--|
| <b>DOCUMENT # L05000051056</b><br>1. Entity Name<br><b>FINERGY CHANNELSIDE, LLC</b>  |  |                                 |   |   |  |
| Principal Place of Business<br>205 NORTH ORANGE AVE.<br>SUITE 2N<br>SARASOTA, FL 34236 US  |  |                                 | Mailing Address<br>205 NORTH ORANGE AVE.<br>SUITE 2N<br>SARASOTA, FL 34236 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |   |  |  |
| City & State   |  | City & State                    |   | 4. FEI Number<br><b>20-2878602</b>   |  |
| Zip  |  | Country                         |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required<br>Applied For <input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent  |  |                                 |   | 7. Name and Address of New Registered Agent  |  |
| WAGNER, E. JOHN II<br>200 S. ORANGE AVE.<br>SARASOTA, FL 34236   |  |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |  |
| 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 _____  |  |                                 |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |                                 |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GAGLIARDI, INNOCENZO<br>3470 FRUITVILLE RD.<br>SARASOTA, FL 34237 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | MGR<br>Innocenzo GAGLIARDI<br>205 N. Orange Ave. Suite 2N<br>Sarasota, FL 34236  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                                 |   |  |  |
| <b>SIGNATURE:</b>   |  |                                 | 01/03/07 941 917 0494<br>Date Daytime Phone #                                 |  |  |