2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 24, 2006 8:00 am Secretary of State DOCUMENT # L05000082905 03-15-2006 90024 011 ****50.00 1. Entity Name SLP BAYSIDE, LLC Principal Place of Business Mailing Address 30003337 163 BAYSIDE DRIVE CLEARWATER FL 33767 163 BAYSIDE DRIVE CLEARWATER FL 33767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fae Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PURSAE, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 2824 WILDWOOD DRIVE CLEARWATER FL 33766 City 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 Separature, hyperal or princed name or respectivent agent and size a approache. (NOTE: Registered Agent signature required when reinstativity) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition NAME DIGIOVANNI, AGOSTINO MAME 163 BAYSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33767 CITY-ST-ZIP TITLE MGRM TITLE Delete ☐ Change ☐ Addition NAME DIGIOVANNI, MARIANN STREET ACCORESS STREET ADDRESS 163 BAYSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33767 TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- NO CITY-51-21P ☐ Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2006

SLP BAYSIDE, LLC 163 BAYSIDE DRIVE CLEARWATER, FL 33767 US

Subject: SLP BAYSIDE, LLC

Reference Number:

L05000082905

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION