## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT #L05000084268

1. Entity Name BAYSHORE FOURTH CONDO CABLE, LLC



## **FILED** Feb 15, 2006 8:00 am Secretary of State

02-15-2006 90130 044 \*\*\*\*50.00

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Principal Place of Business 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237			Mailing Address 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237					TII OOID) OTTII UURII OO				1 <b>86</b> )      18 <b>1</b> 7
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02092006	Chg-LLC	c	CR2E08	3 (11/05)	
City & State			City & State				4. FEI Numi 20-42	per 274912			<del></del>	plied For at Applicable
Zip Country			Zip	try		5. Certificat	e of Status Desir	ed [		5.00 Add ee Require		
	6. Name	and Address of Current R	togistered Agent				7. Name an	d Address of N	w Regis	tered A	gent	
		_			Name							
MYERS, T 2033 MAIN SUITE 600	N STREET )	•			Street Address (P.O. Box Number is Not Acceptable)							
SARASOT	A, FL 342	<b>?37</b>			City					FL	Zip Cod	θ
	named entity ions of regist		the purpose of changing its	register	l ed office o	r registere	ed agent, or b	oth, in the State	of Florida	. I am fa	amiliar with,	and accept
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SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signat	tura requirad v	when reinstating)			DATE		
Fi	Signature, typed	is \$50.00	nd litle If applicable. (NOTE	: Registere	d Agent signat	ture required v	when reinstating)	Į.		neck pa	yable to	<b>a</b>
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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.

NAME

STREET ADDRESS ÇITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP