

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90024 008 \*\*\*\*50.00

**20004143**



01262006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000102999</b> 1. Entity Name <b>BAYSIDE ENTERPRISES OF FLORIDA, LLC</b>					
Principal Place of Business <b>7104 BIG DADDY DRIVE</b> <b>H-1</b> <b>PANAMA CITY BEACH, FL 32407 US</b>			Mailing Address <b>7104 BIG DADDY DRIVE</b> <b>H-1</b> <b>PANAMA CITY BEACH, FL 32407 US</b>		
2. Principal Place of Business <b>133 Palm Harbour Blvd</b> Suite, Apt. #, etc.			3. Mailing Address <b>133 Palm Harbour Blvd</b> Suite, Apt. #, etc.		
City & State <b>Panama City Beach, FL</b> Zip Country <b>32408 USA</b>			City & State <b>Panama City Beach, FL</b> Zip Country <b>32408 USA</b>		
4. FEI Number <b>01-0848254</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>HARMON, DANIEL, III</b> <b>427 MCKENZIE AVENUE</b> <b>PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>BURTON, DOROTHY J</b> <b>7104 BIG DADDY DRIVE, H-1</b> <b>PANAMA CITY BEACH, FL 32407</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>133 Palm Harbour Blvd</b> <b>Panama City Beach, FL 32408</b>	
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	
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	
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	
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	
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 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: Dorothy J. Burton</b>			<b>DOROTHY J. BURTON</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>1-30-06</b> Daytime Phone # <b>850-233-6035</b>		