## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



ANNOAL REPORT  OCUMENT # L05000105684  1. Entry Name FINEROY CHANNELSIDE HOLDING, LLC  SURFAINED ANNOELS OF Business 20 NORTH PRANCE AVE. SUIF 2H 20 SURFAINED ANNOELS OF Business 20 NORTH PRANCE AVE. SUIF 2H 20 SURFAINED ANNOELS OF Business 20 NORTH PRANCE AVE. SUIF 2H 20 Country 20 Country 20 Country 20 Country 30 Conference of Business - No P.O. Box v 20 SURFAINED ANNOELS OF Business 20 Country 20 Country 30 Conference of Business - No P.O. Box v 30 NORTH PRANCE AVE. Suife Act #, sec  City & State  City & State  City & State  City & State  Country 30 Conference of Business 20 Country 30 Conference of Business 30 NORTH PRANCE AVE. Suife Act #, sec  City & State 30 Country 30 Conference of Business 30 NORTH PRANCE AVE. Suife Act #, sec  City & State 30 Country 30 Conference of Business 30 NORTH PRANCE AVE. Suife Act #, sec  City & State 30 Conference of Business 30 NORTH PRANCE AVE. Suife Act #, sec  City & State 30 NORTH PRANCE AVE. Suife	20	007 LIMITED LIAI ANNUAL		PANY		J	an 19, 2	ILEC 2007	8:0	0 am
Principal Place of Business										
20.5 NORTH ORNAICE AVE.   SURF 2 NO SARASOTA, FL 34236	FINERGY	CHANNELSIDE HOLDING,	LLC							
State	205 NORTH ORANGE AVE. 205 NORTH ORANGE AVE SUITE 2N SUITE 2N			E.		 	-   1116 1111 1111 1111 1111 1111			·
City & State  Country  Country	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				;	118   88 8  B   18 B		III III IUUI
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01032007	Chg-LLC	CR2E083 (	12/06)		
S. Ferrich and Address of Current Registered Agent   Fee Required   Fee Require	City & State		City & State						<del>+ + · ·</del>	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable (P.O. Box	Zip	Country	Zip	Country		5. Certificate	e of Status Desired			
STORMANGER, E. JOHN. III 200 S. ORANGE AVENUE SARASOTA, FL. 34236  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    Tilling Foe is \$50.00	Name and Address of Current Registered Agent					7. Name an	d Address of New Re	gistered Ager	nt	
City FL 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    Signature, lypad or protect name of registered agent and the Faceboable.   NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   SIGNATURE	200 S. ORANGE AVENUE									
THE MARE SIRET ADDRESS CITY-ST-ZP SIRET ADDRESS CITY-ST-ZP CITY-ST	ا محرب م	A, 1 E 34230								
SIGNATURE    Signature   Signa				City				FL	Zip Code	·
TITLE NAME   GAGLIARDI, INNOCENZO   Delete   TITLE   Change   Addition   Ad	FI	iling Fee is \$50.00	rd title if applicable. (NOTE: \$	Registered Agent signal	ture required	when reinstating)		check paya		
TITLE NAME   GAGLIARDI, INNOCENZO   Delete   TITLE   Change   Addition   Ad	<u> </u>	MANAGING MEMBEE	S (MANAGERS	T 10			ADDITIONS /	CHANGES		
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	TITLE NAME		☐ Delete	TITLE NAME	-			0	Change	☐ Addition
			alto (Ulum dana da			in Observation of	Mada Contract			

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE