

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107831

FILED
Apr 13, 2009
Secretary of State

Entity Name: BAYSIDE PARTNERS, LLC

Current Principal Place of Business:

3810 KENWOOD AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

3810 KENWOOD AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-3736110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
3810 KENWOOD AVENUE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JEFFRIES, DAVID M
Address: 3810 KENWOOD AVE
City-St-Zip: TAMPA, FL 33611

Title: MGR () Delete
Name: CORNETT, THOMAS
Address: 4110 SANTIAGO STREET
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: PREVATT, MYRON
Address: 4006 PALMIRA
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: ROBERTSON, SANDY
Address: 59 MARTINIQUE AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: DAVID M. JEFFRIES

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date