## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000115902

SIGNATURE: 101 MARINE OF SIGNATURE AND TYPED OF PRINTED NAME OF

## FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90077 007 \*\*\*\*55.00

1. Entity Nam BAYSIDE		RUCTION, LLC					0,50,200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	007 3	3.00
Principal Plac	e of Busines	s	Mailing Address							
2828 CRAYTON ROAD NAPLES, FL 34103			P.O. BOX 11448 Naples, Fl 34101							
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04162007	Chg-LLC	CR2E	E083 (12/06)	
City & State			City & State			4. FEI Numb	ber <b>599 19</b> 4	3	<del></del>	oplied For ot Applicable
Zip			Zip Count		itry	5. Certificat	e of Status Desire	· 🟌	\$5.00 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent		Name	7. Name an	d Address of Nev	w Registered	d Agent	
FINE, ROGER H 2828 CRAYTON ROAD NAPLES, FL 34103						(P.O. Box Numl	ber is Not Accepta	able)	· .	
			City		-	TO THE REAL PROPERTY OF THE PERTY OF THE PER	F	Zip Cod	le	
8. The above the obligat	named entitions of regist	y submits this statement fo tered agent.	or the purpose of changing its	register	l ed office or registe	ered agent, or b	oth, in the State of	Florida. Far	n familiar with	and accept
SIGNATURE .		or printed name of registered agent	and title if applicable	E Panistava	d Agent signature require			50.75		
	ogratora, typad	to buried have or redistered after	and the nappleaute. (NO)	c. nogistere	n võeur siõusrina tednis	ed when reinstaling)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									payable to ment of Stat	:0
9.		MANAGING MEMBE	RS/MANAGERS 10.				ADDITION	VS/CHANGE	S	
TITLE	MGRM FINE, ROGER H SSS P.O. BOX 1448		☐ Delete	***					☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	et address					
CITY-ST-ZIP	NAPLES, FL 34101				-ST-ZIP					
TITLE	MGR Delete TIT		TITLE	E				☐ Change	☐ Addition	
NAME		CHRISTOPHER		NAME						
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11. I hereby of indicated limited lia	certify that the on this report bility compar	e information supplied with rt is true and accurate and ny or the receiver or truste	this filing does not qualify for that my signature shall have e empowered to execute this	the exe the same report as	mptions contained e legal effect as if s required by Cha	d in Chapter 119 made under oat pter 608, Florida	), Florida Statutes. th; that I am a ma a Statutes.	I further cert naging mem	ify that the infe ber or manag	ormation er of the

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE