2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021026

Entity Name: BAYSHORE MECHANICAL GROUP, LLC

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

255 ALHAMBRA CIRCLE 13680 NW 5TH STREET

SUITE 325 SUITE 100

CORAL GABLES, FL 33134 SUNRISE, FL 33325

Current Mailing Address: New Mailing Address:

13680 NW 5TH STREET 255 ALHAMBRA CIRCLE

SUITE 325 SUITE 100

CORAL GABLES, FL 33134 US SUNRISE, FL 33325 US

FEI Number: 86-2643880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACNAIR, CHRISTOPHER J MACNAIR, CHRISTOPHER J 13680 NW 5TH STREET 255 ALHAMBRA CIRCLE SUITE 325 SUITE 100 CORAL GABLES, FL 33134 US SUNRISE, FL 33325 US

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: CHRISTOPHER J. MACNAIR 06/17/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete MACNAIR, CHRISTOPHER J MACNAIR, CHRISTOPHER J Name: Name: Address: 255 ALHAMBRA CIRCLE, SUITE 325 Address: 13680 NW 5TH STREET, SUITE 100 City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: SUNRISE, FL 33325 US

Title: MGR () Delete Title: () Change () Addition

OVERSTREET, THOMAS H JR. Name: Name: Address: 1200 W. STATE ROAD 434, SUITE 228 Address: City-St-Zip: LONGWOOD, FL 32750 US 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: CHRISTOPHER J. MACNAIR 06/17/2009