2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: L97000000742

1. Entity Name

CHANNELSIDE PARTNERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:02

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2730 CENTRAL AVE. ST. PETERSBURG FL 33712	2730 CENTRAL AVE. ST. PETERSBURG FL 33712

2. Principal Place of Business	3. Mailing Address
314 Belle Isle ave	314 Belle Isle ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Beach	City & State: Belleair Beach
Zip: 33786 Country: Pinellas	Zip: 33786 Country: Pinellas

4. FEI Number: 59-3456044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNAUST, WARREN J 2730 CENTRAL AVE. ST. PETERSBURG FL 33712	Name: Dennis Campbell Street Address (P.O. Box Number is Not Acceptable): 314 Belle Isle ave City: Belle air Beach FL Zip Code: 33786

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.

SIGNATURE: _____ Dennis Campbell President 9-6-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KNAUST, WARREN J 2730 CENTRAL AVE. ST. PETERSBURG FL 33712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ MGRM Dennis Campbell 314 Belle Isle ave Belle Air Beach FL 33786	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (5/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SIGNATURE REQUIRED Dennis Campbell President/Manager 9-6 7275939691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #