


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000742 1. Entity Name CHANNELSIDE PARTNERS, L.C.	
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Principal Place of Business 314 BELLE ISLE AVE. BELLEAIR BEACH, FL 33786	Mailing Address 314 BELLE ISLE AVE. BELLEAIR BEACH, FL 33786
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DO NOT WRITE IN THIS SPACE



03062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3456044	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPBELL, DENNIS 314 BELLE ISLE AVE. BELLEAIR BEACH, FL 33786

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

000000083715
03/10/04-80050-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPBELL, DENNIS 314 BELLE ISLE AVE. BELLEAIR BEACH, FL 33786
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  Dennis Campbell	3-6-04 727 643 3448
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>