

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90075 018 ****50.00

DOCUMENT # M02000002316

1. Entity Name
BAYSIDE/RIVERSIDE PROPERTIES, LLC



Principal Place of Business
823 N. ELM STREET, #200
GREENSBORO, NC 27401-1539

Mailing Address
823 N. ELM STREET, #200
GREENSBORO, NC 27401-1539



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0120828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVEN D. BELL & COMPANY
8630 SW 212TH STREET, SAGA BAY
MIAMI, FL 33189

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BELL, STEVEN D
823 N. ELM STREET, #200
GREENSBORO, NC 274011539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALLISON, D. SHOFFNER
823 N. ELM STREET, #200
GREENSBORO, NC 274011539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHN M. AND FLAVEL M. GODREY
823 N. ELM STREET, #200
GREENSBORO, NC 274011539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SWAIN, ROBERT D
823 N. ELM STREET, #200
GREENSBORO, NC 274011539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCNICHOLS, ROBERT
823 N. ELM STREET, #200
GREENSBORO, NC 274011539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROYCE O REYNOLDS REVOCABLE TRUST
823 N. ELM STREET, #200
GREENSBORO, NC 274011539

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/04 336-510-6111