Ella on or l	before May 1, 1998 or	limitad	l I iahilit	v Com	nany will ha		i.		
Bubject to LIMITED L ANN	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			FILED 98 APR -3 PM 1: 22					
1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name and	Malling Address lability Company					1			
BAYSHORE TOWERS, LLC 1030 SECOND AVENUE COLUMBUS GA 31901				(4. b)	r.	1a. Principal Place of Business Address 1030 SECOND AVENUE COLUMBUS GA 31901			
2. Principal Pla	ng Address			3. Date Organized or Qualified		3a. State of Formation			
1430 Wynnton Road 1430 Sulte, Apt. #, etc. Sulte, Apt			o Wynnton Rd			08/14/1996		GA	
City & State		City & Sta	oto			4. FEI Number			Applied For
Columbus (7A (0)			Country Country			NOT APPLICABLE 5. Date of Last Report		•	Not Applicable ate of Status Desired
Zip 3/90	6 US	Zip 3/9			ν U_S	10/22/1	,		tional Fee Required
	7. Name and Address of Current	1		l	8. Name	Name and Addres		tered Agen	t/Office
TAMPA FL 33602 511 Suite, Ap Sui City Tam 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-name					511 Bay Sulte, Apt. #, etc Suite 4 City Tampa cove-named limited	Zip Code 33606 ed liability company submits this statement for the purpose of changing			
its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. DATE 4/1/98									ссері іне арроінінені
(Registered Agent Accepting Appointment) U 10. Title Managing Members/Managers			NOTE Registered Ar Signature required when reinstaling Business Street Address			City, State and Zip Code			Zip Code
	GR SCHIFFMAN, ROBERT M			1030 SECOND AVENUE			COLUMBUS GA		
						50	0002 -04/08 ****1	482 7980 88.75	875 5)1084010 ****188.75
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPLO OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Despire Printer &									