


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90538 001 ****50.00

DOCUMENT # L00000008718

1. Entity Name
LAS OLAS WATERSIDE, LC



Principal Place of Business
**315 N.E. 3RD AVENUE, SUITE 200
 FORT LAUDERDALE, FL 33301**

Mailing Address
~~675 PONCE DE LEON DR.
 FT LAUDERDALE, FL 33316~~ **315 NE 3rd Ave, Suite 200
 Ft. Laud. FL 33301**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**315 NE 3rd Ave
 Suite 200**

City & State
Ft. Laud. FL

Zip Country
33301 Broward

20023350



02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1027870

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORGAN, WALTER A
 315 N.E. 3RD AVENUE, SUITE 200
 FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, WALTER L TRUSTEE		NAME		
STREET ADDRESS	315 N.E. 3RD AVENUE, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Walter L Morgan* **3/4/05 (954) 524 3110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #