


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000017847		
1. Entity Name WATERSIDE MANAGEMENT, L.L.C.		

FILED

2005 MAY -6 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 150 CHANNEL COURT MARCO ISLAND, FL 34145	Mailing Address 150 CHANNEL COURT MARCO ISLAND, FL 34145
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2. Principal Place of Business 2864 Gulfview Dr. Suite, Apt. #, etc.	3. Mailing Address 1000 Pettit Court Suite, Apt. #, etc.
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City & State Naples, FL	City & State Marco Island, FL
Zip 34112	Zip 34145
Country USA	Country USA



04272005 REIN-LLC CR2E101 (6/04)

4. FEI Number 59-3750903	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 HAGENBUCKLE, WALTER S 150 CHANNEL COURT MARCO ISLAND, FL 34145	
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7. Name and Address of New Registered Agent Name Patrick J. Wilkins Street Address (P.O. Box Number is Not Acceptable) 1000 Pettit Court City Marco Island FL Zip Code 34145	
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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 Patrick J. Wilkins DATE 4/28/05 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGENBUCKLE, WALTER S 150 CHANNEL CT. MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKINS, PAT 150 CHANNEL CT. MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pat Wilkins 1000 Pettit Court Marco Island, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patrick J. Wilkins DATE 4/28/05 239-394-8118 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
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