

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90282 047 \*\*\*\*50.00

**DOCUMENT # L02000003644**

1. Entity Name

**WATERSIDE DEVELOPERS OF FLORIDA, LLC**



Principal Place of Business

3725 W. GRACE ST., SUITE 150  
C/O RENALDO DESIGN COMPANIES  
TAMPA FL 33607

Mailing Address

3725 W. GRACE ST., SUITE 150  
C/O RENALDO DESIGN COMPANIES  
TAMPA FL 33607

**24014254**



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **04-3602841**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENALDO, STUART**  
**3725 W. GRACE ST., SUITE 150**  
**C/O RENALDO DESIGN COMPANIES**  
**TAMPA FL 33607**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **RENALDO, STUART**  
STREET ADDRESS **3725 W. GRACE ST STE 150**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition  
NAME **STUART**  
STREET ADDRESS **GRACE**  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **BURGEN, ROBERT S**  
STREET ADDRESS **3725 W. GRACE ST. SUITE 150**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

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

Date

Daytime Phone #

**2.19.04 813.864.1291**