


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 035 ****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
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2. Principal Place of Business 3101 West Prospect Road	3. Mailing Address 3101 West Prospect Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State Tampa, FL
Zip 33629	Zip 33629
Country Hillsborough	Country Hillsborough

00001966



02092005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent RENALDO, STUART 3725 W. GRACE ST., SUITE 150 C/O RENALDO DESIGN COMPANIES TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Renaldo, Stuart Street Address (P.O. Box Number is Not Acceptable) 18923 St. Laurent Drive City Lutz, FL Zip Code 33558	
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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.

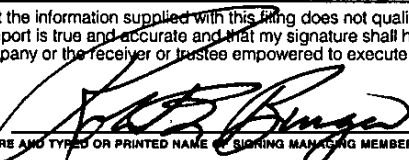
SIGNATURE  DATE **4.20.05**

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENALDO, STUART 3725 W. GRACE ST STE 150 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18923 St. Laurent Drive Lutz, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGEN, ROBERT S 3725 W. GRACE ST. SUITE 150 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3101 West Prospect Road Tampa, FL 33629
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:  DATE **4.25.05**

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