


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000003644 1. Entity Name WATERSIDE DEVELOPERS OF FLORIDA, LLC |  |
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|--|--|
| Principal Place of Business 3101 WEST PROSPECT ROAD TAMPA, FL 33629 US | Mailing Address 3101 WEST PROSPECT ROAD TAMPA, FL 33629 US |
|--|--|

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04262007No Chg-LLC

CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 04-3602841 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**RENALDO, STUART
18923 ST LAURENT DRIVE
LUTZ, FL 33558**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR RENALDO, STUART 18923 ST LAURENT DRIVE LUTZ, FL 33558 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BURGEN, ROBERT S 3101 WEST PROSPECT ROAD TAMPA, FL 33629 |
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05/23/07-80027-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | 4.30.07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |