

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010345

FILED
Jan 09, 2004
Secretary of State

Entity Name: WATERSIDE HOLDINGS OF SARASOTA, LLC

Current Principal Place of Business:

6639 MIDNIGHT PASS RD., #8
SARASOTA, FL 34242

New Principal Place of Business:

6633 MIDNIGHT PASS RD
SARASOTA, FL 34242

Current Mailing Address:

6639 MIDNIGHT PASS RD., #8
SARASOTA, FL 34242

New Mailing Address:

6633 MIDNIGHT PASS RD
SARASOTA, FL 34242

FEI Number: 13-4205920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, THOMAS D
5221 OCEAN BLVD. STE 2
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WARD, THOMAS D
Address: 5221 OCEAN BLVD. SUITE 2
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: SHARPENTER, EDWARD W
Address: 4960 FALLCREST CIR.
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: LIVESEY, BRIAN
Address: 1300 TANGIER WAY
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS D. WARD

MGR

01/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date