

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90058 008 \*\*\*\*50.00

**DOCUMENT # L02000010345**

1. Entity Name  
WATERSIDE HOLDINGS OF SARASOTA, LLC



Principal Place of Business  
6633 MIDNIGHT PASS RD  
SARASOTA, FL 34242

Mailing Address  
6633 MIDNIGHT PASS RD  
SARASOTA, FL 34242

20000905



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4205920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WARD, THOMAS D
STREET ADDRESS	5221 OCEAN BLVD. SUITE 2
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGRM
NAME	SHARPENTER, EDWARD W
STREET ADDRESS	4960 FALLCREST CIR.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGRM
NAME	LIVESEY, BRIAN
STREET ADDRESS	1300 TANGIER WAY
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Thomas D. Ward

Date

Daytime Phone #

941-346-7454