

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

03-24-2008 90235025 ***138.50
L02000010345

FILED

2008 APR -9 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192008 No Chg-LLC

CR2E083 (12/07)

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**

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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
WARD, THOMAS D
5221 OCEAN BLVD. SUITE 2
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SHARPENTER, EDWARD W
4980 FALLCREST CIR.
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
LIVESEY, BRIAN
1300 TANGIER WAY
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

THOMAS D. WARD

3-20-08

941 346 7454