

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90070 013 \*\*\*\*50.00

**DOCUMENT # L02000011767**

1. Entity Name  
LINESIDER LANDHOLDINGS, LLC



Principal Place of Business  
252 BAYSHORE DRIVE  
CAPE CORAL, FL 33904

Mailing Address  
252 BAYSHORE DRIVE  
CAPE CORAL, FL 33904

74000400



04072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0441644

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

CREIGHTON, MARK D  
252 BAYSHORE DRIVE  
CAPE CORAL, FL 33904

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CREIGHTON, MARK D
STREET ADDRESS	252 BAYSHORE DRIVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MGRM
NAME	POULSOM, ROBERT C
STREET ADDRESS	190 WOODSIDE ROAD
CITY-ST-ZIP	RIVERSIDE, IL 60546
TITLE	MGRM
NAME	RUSH, CHRISTOPHER M
STREET ADDRESS	7149 E BRENTWOOD ROAD 1429 Charles Road
CITY-ST-ZIP	FORT MYERS, FL 33919
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 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:** *Mark D. Creighton*

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

Date

Daytime Phone #

✓ 4-12-04