

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011767

FILED
Mar 11, 2005
Secretary of State

Entity Name: LINESIDER LANDHOLDINGS, LLC

Current Principal Place of Business:

252 BAYSHORE DRIVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

252 BAYSHORE DRIVE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 03-0441644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREIGHTON, MARK D
252 BAYSHORE DRIVE
CAPE CORAL, FL 33904 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: CREIGHTON, MARK D
Address: 252 BAYSHORE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: POULSON, ROBERT C
Address: 190 WOODSIDE ROAD
City-St-Zip: RIVERSIDE, IL 60546

Title: MGRM () Delete
Name: RUSH, CHRISTOPHER M
Address: 1429 CHARLES ROAD
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: POULSON, ROBERT C
Address: 190 WOODSIDE ROAD
City-St-Zip: RIVERSIDE, IL 60546

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: M. DAN CREIGHTON

MGRM

03/11/2005

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