


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000015580</b> 1. Entity Name <b>WATERSIDE PROPERTIES, LLC</b>	
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Principal Place of Business <b>208 PALM CIRCLE FLAGLER BEACH, FL 32136</b>	Mailing Address <b>P.O. BOX 350010 PALM COAST, FL 32135</b>
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01122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0787003</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

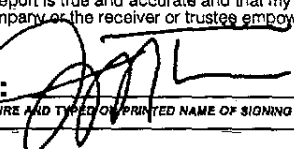
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THIBOS, JERRY L P.O. BOX 350010 PALM COAST, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUETZ, RONALD C 24 W. 080 HOBSON ROAD NAPERVILLE, IL 60540
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07/20/05-80001-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Jerry L Thibos** **7/5/05** **386-246-5929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #