

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90004 030 ****50.00

DOCUMENT # L02000015580

1. Entity Name

WATERSIDE PROPERTIES, LLC



Principal Place of Business

**15 SENTRY OAK PLACE
PALM COAST FL 32137**

Mailing Address

**P.O. BOX 564
NAPERVIELLE IL 60566-0564**

2. Principal Place of Business

3. Mailing Address

PO BOX 350010

Suite; Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM COAST, FL

Zip

Country

Zip

Country

32135

4. FEI Number

55 0787003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST FL 32137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **THIBOS, JERRY L**
CITY-ST-ZIP **P.O. BOX 564
NAPERVILLE IL 60566-0564**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO BOX 350010**
CITY-ST-ZIP **PALM COAST, FL 32135**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PUETZ, RONALD C**
CITY-ST-ZIP **24 W. 080 HOBSON ROAD
NAPERVILLE IL 60540**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

2/5/03 (386) 445 7484

CR2E083 (10/02)