

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000028724**

1. Entity Name  
**WATERSIDE ACCOMMODATIONS, LLC**



Principal Place of Business  
**6633 MIDNIGHT PASS RD  
SARASOTA, FL 34242**

Mailing Address  
**6633 MIDNIGHT PASS RD  
SARASOTA, FL 34242**



01042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1669899**

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 34242**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
WARD, THOMAS D  
5221 OCEAN BLVD. STE. 2  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LIVESEY, BRIAN  
5221 OCEAN BLVD. STE. 2  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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01/14/05-80007-024 50.00

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

**Thomas D Ward**

Date

**941-344-7484**

Daytime Phone #