


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L02000028724 1. Entity Name WATERSIDE ACCOMMODATIONS, LLC	
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Principal Place of Business 6633 MIDNIGHT PASS RD SARASOTA, FL 34242	Mailing Address 6633 MIDNIGHT PASS RD SARASOTA, FL 34242
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1669899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

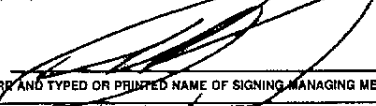
**Filing Fee is \$50.00  
 Due by May 1, 2005**

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
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 01/14/05-80007-024 50.00

**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:**  **Thomas D Ward** **941-344-7484**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #