

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90008 049 \*\*\*\*50.00

0041970

**DOCUMENT # L02000028724**

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



Principal Place of Business  
**5221 OCEAN BLVD. STE. 2  
SARASOTA FL 34242**

Mailing Address  
**5221 OCEAN BLVD. STE. 2  
SARASOTA FL 34242**

**30049152**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**6633 MIDNIGHT BLISS ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**5221 OCEAN BLVD**  
Suite, Apt. #, etc.  
**STE 2**

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

4. FEI Number  
**06-1669899**

Applied For  
 Not Applicable

Zip  
**34242**

Country  
**USA**

Zip  
**34242**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WARD, THOMAS D  
4974 FALLCREST CIRCLE  
SARASOTA FL 34233**

**7. Name and Address of New Registered Agent**

Name **WARD THOMAS D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5221 OCEAN BLVD STE 2**  
City **SARASOTA** FL Zip Code **34242**

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 **THOMAS D. WARD** DATE **3.25.03**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **MGR**  Delete  
NAME **WARD, THOMAS D**  
STREET ADDRESS **4974 FALLCREST CIRCLE**  
CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  Change  Addition  
NAME **LIVESCY BRIAN**  
STREET ADDRESS **5221 OCEAN BLVD STE 2**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **THOMAS D. WARD** DATE **3.25.03** DAYTIME PHONE # **941 3467454**  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)