

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030380

1. Entity Name
RIVERSIDE PLAZA OF MANATEE, LLC



Principal Place of Business
**908 RIVERSIDE DR.
PALMETTO, FL 34221**

Mailing Address
**908 RIVERSIDE DR.
PALMETTO, FL 34221**



07072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0541904

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WAYGOOD, CAROLYN R
RIVERSIDE PLAZA
908 RIVERSIDE DRIVE
PALMETTO, FL 34221**

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WAYGOOD, CAROLYN R
STREET ADDRESS	4215 CALOOSA DRIVE
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	MGRM
NAME	HIERAK, ROBERT J
STREET ADDRESS	4215 CALOOSA DRIVE
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	MGRM
NAME	WAYGOOD, CHARLES M JR
STREET ADDRESS	4311 CALOOSA DRIVE
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	MGRM
NAME	WAYGOOD, CHARLES M SR.
STREET ADDRESS	11620 5TH ST. EAST
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000372348
07/12/05-80002-022 50.00

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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: *Carolyn R Waygood*

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

7/6/05 (941) 729-7911

Date

Daytime Phone #