

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90003 032 \*\*\*150.00

**DOCUMENT # L02000031181**

1. Entity Name  
 FLORIDA WATERSIDE DEVELOPERS, LLC



Principal Place of Business	Mailing Address
7001 GASPARILLA ROAD PORT CHARLOTTE, FL 33981 US	4344 LAURA ST PORT CHARLOTTE, FL 33980 US



01252008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0612180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

<del>ODOM, JOHN III</del> 17449 GAFERRO AVENUE PORT CHARLOTTE, FL 33948	<i>JOSEPH R. BROOKS</i> <i>18475 CROOKED LN</i> <i>LUTZ FL 33548</i>
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**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]*

*4/17/08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ODOM, JOHN
STREET ADDRESS	17449 GAFERRO AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	<i>MGR</i>
NAME	<i>JOSEPH R BROOKS</i>
STREET ADDRESS	<i>18475 CROOKED LANE</i>
CITY-ST-ZIP	<i>LUTZ FL 33548</i>
TITLE	<i>MGR</i>
NAME	<i>PATRICK BEXLEY</i>
STREET ADDRESS	<i>3740 SWANS LANDING DR</i>
CITY-ST-ZIP	<i>LAND O LAKES FL 34635</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

*4/17/08*

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

Date

Daytime Phone #