

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031181

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: FLORIDA WATERSIDE DEVELOPERS, LLC

**Current Principal Place of Business:**

7001 GASPARILLA ROAD  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

**Current Mailing Address:**

4344 LAURA ST  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

FEI Number: 81-0612180      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROOKS, JOSEPH  
18973 CROOKED LANE  
LUTZ, FL 33548 US

**Name and Address of New Registered Agent:**

BROOKS, JOSEPH R  
18973 CROOKED LANE  
LUTZ, FL 33548 US

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.

SIGNATURE: JOSEPH R BROOKS

02/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROOKS, JOSEPH R  
Address: 18975 CROOKED LANE  
City-St-Zip: LUTZ, FL 33548

Title: MGR ( ) Delete  
Name: BEXLEY, PATRICK  
Address: 3740 SWANS LANDING DR  
City-St-Zip: LAND O LAKES, FL 34635

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROOKS, JOSEPH R  
Address: 18975 CROOKED LANE  
City-St-Zip: LUTZ, FL 33548

Title: MGRM (X) Change ( ) Addition  
Name: BEXCO, LLC,  
Address: 3740 SWANS LANDING DR  
City-St-Zip: LAND O LAKES, FL 34635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH R BROOKS

MGRM

02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date