

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


FILED
May 22, 2003 8:00 am
Secretary of State

4/3

04-30-2003 90190 047 ****50.00

DOCUMENT # L02000031181

1. Entity Name
FLORIDA WATERSIDE DEVELOPERS, LLC



Principal Place of Business
**17331 LAKE WORTH BLVD.
PORT CHARLOTTE FL 33948-2402**

Mailing Address
**17331 LAKE WORTH BLVD.
PORT CHARLOTTE FL 33948-2402**

44002161



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
17449 Caferra Ave
Suite, Apt. #, etc.

3. Mailing Address
17449 Caferra Ave
Suite, Apt. #, etc.

City & State
Port Charlotte

City & State
Port Charlotte

Zip
33948 Country
USA

Zip
33948 Country
USA

4. FEI Number
81-0612180 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ODOM, JOHN T III
17331 LAKE WORTH BLVD.
PORT CHARLOTTE FL 33948-2402**

7. Name and Address of New Registered Agent
Name
Odum John T. III
Street Address (P.O. Box Number is Not Acceptable)
17449 Caferra Ave
Port Charlotte FL 33948

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  **John T. Odom III** **4/24/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

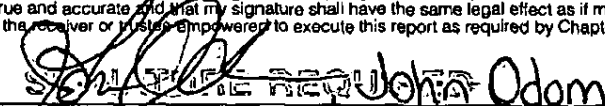
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Odum 17449 Caferra Ave Port Charlotte, FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **John T. Odom** **4/24/03** **941-743-4105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

CR2E083 (10/02)