


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90028 045 \*\*\*\*50.00

DOCUMENT # L03000007531					
1. Entity Name <b>WABASSO HILLSIDE, LLC</b>					
Principal Place of Business 756 BEACHLAND BLVD. VERO BEACH, FL 32963			Mailing Address 756 BEACHLAND BLVD. VERO BEACH, FL 32963		
2. Principal Place of Business <b>5070 N. Highway A-1-A</b>		3. Mailing Address <b>5070 N. Highway A-1-A</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Vero Beach, Florida</b>		City & State <b>Vero Beach, Florida</b>		4. FEI Number <b>55-0823767</b>	
Zip <b>32963</b>		Country <b>Indian River</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32963</b>		Country <b>Indian River</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CALDWELL, WILLIAM W 756 BEACHLAND BLVD. COLLINS, BROWN, CALDWELL BARKETT VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name <b>Warren L. Schwerin</b> Street Address (P.O. Box Number is Not Acceptable) <b>5070 N. Highway A-1-A</b> City <b>Vero Beach</b> FL Zip Code <b>32963</b>		
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 <i>Warren L. Schwerin</i>		<b>Warren L. Schwerin</b>		April 15, 2005	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RED STICK GOLF CLUB, INC. 5070 N A1A, STE 205 VERO BEACH, FL 32963	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Warren L. Schwerin</i>		<b>Warren L. Schwerin</b>		4/15/05 772-563-9822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	