


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90037 039 ***138.75

DOCUMENT # L03000015129			
1. Entity Name WATERSIDE ACQUISITIONS, LLC			
Principal Place of Business 501 CONTINENTAL PLAZA 3250 MARY ST MIAMI, FL 33133		Mailing Address 501 CONTINENTAL PLAZA 3250 MARY ST MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box # 3250 Mary St. Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133		3. Mailing Address 3250 Mary St. Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133	
4. FEI Number 37-1466178		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSENHEIMER, JAMES D 3250 MARY ST STE 307 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name: Michael Goldberg Street Address (P.O. Box Number is Not Acceptable): 3250 Mary Street Suite 402 City: Coconut Grove FL Zip Code: 33133	
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: 4/30/08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: BERMAN, DANA STREET ADDRESS: 3250 MARY STREET, SUITE 501 CITY-ST-ZIP: COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE: MGRM NAME: Michael Goldberg (Receiver) STREET ADDRESS: 3250 Mary Street Suite 402 CITY-ST-ZIP: Coconut Grove, Fl. 33133	<input type="checkbox"/> Change <input checked="" 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
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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/30/08 Date Daytime Phone #	

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