


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 Mailing Address
 501 CONTINENTAL PLAZA 501 CONTINENTAL PLAZA
 3250 MARY ST 3250 MARY ST
 MIAMI, FL 33133 MIAMI, FL 33133

60037631



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 3250 Mary St. 3250 Mary St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 402 Suite 402

04012008 Chg-LLC CR2E083 (12/06)

City & State City & State
 Coconut Grove, Fl. Coconut Grove, Fl.
 Zip Country Zip Country
 33133 33133

4. FEI Number Applied For
 37-1466178 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERMAN, DANA	
STREET ADDRESS	3250 MARY STREET, SUITE 501	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Goldberg (Receiver)	
STREET ADDRESS	3250 Mary Street Suite 402	
CITY-ST-ZIP	Coconut Grove, Fl. 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #