2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023866

1. Entity Name
H. S. PORTSIDE PARTNERS LLC

20027500

Principal Place of Business 1850 SE 17th St. ~~1080 SE 3RD AVE.~~ Suite 300
FORT LAUDERDALE, FL 33316   US

Mailing Address 1850 SE 17th St. ~~1080 SE 3RD AVE.~~ Suite 300
FORT LAUDERDALE, FL 33316   US

0215 2005 No Chg-LLC   CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
56-2374374	Not Applicable

5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, PETER W
~~1080 SE 3RD AVE.~~ 1850 SE 17th St, Suite 300
FORT LAUDERDALE, FL 33316

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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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HUDSON, STEVEN W
STREET ADDRESS	~~1080 SE 3RD AVE.~~ 1850 SE 17th St, Suite 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Steven W. Hudson   3/29/05   954-356-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #