2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000033448 1. Emity Name MARBLESIDE, L.L.C.

FILED Mar 08, 2005 8:00 am Secretary of State 01-28-2005 90071 023 ****50.00

					1		
Principal Place of Business 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701		Mailing Address 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701		30001149			
2. Principal P	face of Business	3. Mailing Address					
				A 19 DATE IN SER SERVE SERVE SERVE SERVE	FEIBU CITED NUI GIBIT GI	EUT INTINUI HI IN NO	
Suite, Apt. W, etc.		Suite, Apt. #, etc.		01072005 Chg-LLC	CR2E083 (10/	03)	
City & State		City & State			4. FEI Number APPLIED FOR		Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	□ \$5.00 Fee Rec	Additional
	8. Name and Address of Curren	t Registered Agent			7. Name and Address of New Re	gistered Agent	
				Name			
535 CENT	, GEORGE K RAL AVENUE RSBURG, FL 33701	~ ~	Street Address		(P.O. Box Number is Not Acceptable)		
				City		FL Zip	Code
8. The above the obligat	named entity submits this statement lions of registered agent.	or the purpose of changing it	s registere	d office or registe	red agent, or both, in the State of Flor	ida. 1 am familiar 1	with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	s and title if applicable. (NO:	TE: Registered	Agent signeture requires	d when reinstrong)	DATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2005					chock payable Department of t	
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/C	HANGES	
TITLE	MGR	☐ Delete	TITLE			☐ Cha	nge 🔲 Addition
NAME	RAHDERT, GEORGE K		NAME			_	
STREET ADDRESS CITY-ST-ZIP	535 CENTRAL AVENUE ST. PETERSBURG, FL 33701		STREE	T ADDRESS			
TITLE	31. FETERSBORG, FE 33101	Ocice	TITLE	31-0r	<u> </u>	Cha	nge 🔲 Addiklon
NAME		ت مومود	NAME				inge [_] Abbiton
STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP		•	
TITLE		☐ Octobe	IMLE			☐ Ch2	nge Addition
NAME			NAME				_
STREET ADORESS CITY-ST-ZIP			• • • • • • • • • • • • • • • • • • • •	T ADDRESS			
- mie		☐ Delete	CTY-S	SI-AP			
NAME		E Deser	NAME	ľ		Cha	nge
STREET ADDRESS			STREE	T ADDRESS			
CITY-ST-ZIP			CITY-	ST-20P	_		
TITLE		October	MILE			Cha	nge Addition
NAME			NAME				İ
STREET ADDRESS CITY-ST-ZIP			STREE CITY-:	T ADORESS			Į.
TITLE		Octobe	mue	-		[] A	
NAME		r) nees	NAME			☐ Cha	nge 🗖 Addition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			CITY-:	ST-ZIP			ļ
11. I hereby o	certify that the information supplied will on this report is true and accurate an	th this filling does not qualify to	or the exem	nption stated in Se	ection 119.07(3)(i), Florida Statutes. H	urther certify that	the information