


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 27 2005 08:00 AM
Secretary of State

DOCUMENT # 1. Entity Name RISEING TIDE, LLC			
Principal Place of Business 3359 TAMIAMI TRAIL NORTH NAPLES, FL 34103		Mailing Address 3359 TAMIAMI TRAIL NORTH NAPLES, FL 34103	
DO NOT WRITE IN THIS SPACE			
		No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 11-3710169	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 COSTANTINI, MARIO 3359 TAMIAMI TRAIL NORTH NAPLES, FL 34103		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		<p>U00000337126 04/27/05-80155-002 50.00</p> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTANTINI, MARIO 3359 TAMIAMI TRAIL NORTH		
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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: MARIO COSTANTINI 		X 4-26-05 (239) 241-3383	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	