

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10: 00

DOCUMENT # L03000052288 1. Entity Name COTTAGES AT WATERSIDE VILLAGE, LLC	
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Principal Place of Business 1234 AIRPORT RD, STE 215 DESTIN FL 32541	Mailing Address 1234 AIRPORT RD, STE 215 DESTIN FL 32541
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2. Principal Place of Business 4300 Legendary Drive	3. Mailing Address 4300 Legendary Drive
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Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
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City & State Destin, FL	City & State Destin, FL
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Zip 32541	Country	Zip 32541	Country
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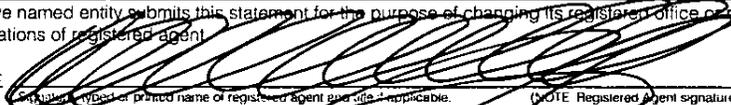


1st MOORE CR2E083 (10/05)

4. FEI Number 59-3755013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OLSON, RICHARD 1234 AIRPORT RD, STE 215 4300 Legendary Drive DESTIN FL 32541 Suite 204	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code
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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  DATE **4-28-06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	OLSON & ASSOCIATES OF NW FL INC
STREET ADDRESS	1234 AIRPORT ROAD STE 215
CITY-ST-ZIP	DESTIN FL 32541
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4300 Legendary Drive, Ste 204
STREET ADDRESS	Destin, FL 32541
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600076302336
STREET ADDRESS	06/19/06--01005--001 **2150.00
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 Section 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 **4-28-06** DAYTIME PHONE **850-650-2858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE