## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014370

Entity Name: SOUTHSIDE PARTNERSHIP, LLC

FILED Mar 19, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4600 CUMMINS COURT FT. MYERS, FL 33905

Current Mailing Address: New Mailing Address:

4600 CUMMINS COURT FT. MYERS, FL 33905 4600 CUMMINS COURT FT. MYERS, FL 33905 US

FEI Number: 54-2145697 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLS, JAMES L ESQ.

8191 COLLEGE PARKWAY, #205
FORT MYERS, FL 33919 US

BUBAR, ROBERT
4600 CUMMINS CT
FORT MYERS, FL 33905 US

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.

SIGNATURE: ROBERT BUBAR 03/19/2012

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

 Name:
 GIBSON, FRANK

 Address:
 4600 CUMMINS COURT

 City-St-Zip:
 FT. MYERS, FL 33905 US

Title: MGRM

Name: BUBAR, DENNIS H BUBAR Address: 4600 CUMMINS COURT City-St-Zip: FT. MYERS, FL 33905 US

Title: MGRM

 Name:
 BUBAR, ROBERT H

 Address:
 4600 CUMMINS COURT

 City-St-Zip:
 FT. MYERS, FL 33905 US

Title: MGRM

 Name:
 BUBAR, RODNEY J

 Address:
 4600 CUMMINS COURT

 City-St-Zip:
 FT. MYERS, FL 33905 US

Title: MGRM

 Name:
 BUBAR, ROBERT

 Address:
 4600 CUMMINS CT

 City-St-Zip:
 FT MYERS, FL 33905

Title: MGRM

 Name:
 BUBAR, ROBERT

 Address:
 4600 CUMMINS CT

 City-St-Zip:
 FT MYERS, FL 33905

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: ROBERT BUBAR MGRM 03/19/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date