

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000037576**

1. Entity Name  
**WATERSIDE INN, LLC**



Principal Place of Business  
**3033 WEST GULF DR  
 SANIBEL, FL 33957**

Mailing Address  
**3033 WEST GULF DR  
 SANIBEL, FL 33957**

**DO NOT WRITE IN THIS SPACE**



02162008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>87-0739826</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JENKS, BERT L  
 3033 WEST GULF DR  
 SANIBEL, FL 33957**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKS, BERT L 3033 WEST GULF DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000895386  
 04/24/08-80066-025 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Bert L Jenks Bert L. Jenks 4/9/08 (239) 472-1345

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