

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90186 011 ****50.00

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01132006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000039779 1. Entity Name WATERSIDE OF HOMESTEAD, L.L.C.					
Principal Place of Business 406 SW 1 ST FLORIDA CITY, FL 33034			Mailing Address 406 SW 1 ST FLORIDA CITY, FL 33034		
2. Principal Place of Business 14021 S.W. 143 CT Suite, Apt. #, etc. #6		3. Mailing Address 14021 S.W. 143 CT Suite, Apt. #, etc. #6			
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA		4. FEI Number 20-2222929	
Zip 33186 Country		Zip 33186 Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAGER, RICARDO L 406 SW 1 ST FLORIDA CITY, FL 33034			7. Name and Address of New Registered Agent Name DAGER RICARDO L Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI FL Zip Code 33186		
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 2/10/06 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGER, RICARDO L 406 SW 1 ST FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dager, Ricardo L 14021 SW 143 CT #6 MIAMI - FL 33186
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JOSE E 406 SW 1 ST FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ JOSE E 14021 SW 143 CT #6 MIAMI - FL 33186
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional members/changes)					
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:			2/10/06 (305) 858-2858 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		