

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041558

Entity Name: DOCKSIDE LOFTS LLC

FILED  
Apr 22, 2005  
Secretary of State

**Current Principal Place of Business:**

2600 GLADES CIRCLE STE. 100  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2600 GLADES CIRCLE STE. 100  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 56-2462821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

KENNETH EDELMAN  
2600 GLADES CIRCLE # 100  
WESTON, FL 33327 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: KENNETH EDELMAN

04/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: EDELMAN, KENNY  
Address: 2600 GLADES CIRCLE STE. 100  
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Delete  
Name: EDELMAN, MICHAEL  
Address: 2600 GLADES CIRCLE STE. 100  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: KENNETH EDELMAN

MGR

04/22/2005

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