

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046750

Entity Name: WATERSIDE INVESTORS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

6622 BROAD STREET
SUITE A
DOUGLASVILLE, GA 30134 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 70
DOUGLASVILLE, GA 30133 US

New Mailing Address:

FEI Number: 20-2394756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, J. R ESQ.
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLBORN, JOHN
Address: 12 SANDESTIN ESTATES
City-St-Zip: SANDESTIN, FL 32550 US

Title: MGRM () Delete
Name: LANGDON, JONI
Address: 118 MY WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: KINGSTON, GEORGE
Address: 6622 EAST BROAD STREET, SUITE A
City-St-Zip: DOUGLASVILLE, GA 30134 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: KINGSTON, GEORGE
Address: POST OFFICE BOX 70
City-St-Zip: DOUGLASVILLE, GA 30133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE KINGSTON

MGRM

04/29/2009

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