2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 08, 2005 8:00 am
Secretary of State
01-12-2005 90027 022 ****50.00

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1. Entity Name
WATERSIDE PROPERTY MANAGEMENT GROUP L.L.C.

30000269

01042005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
5221 OCEAN BOULEVARD SUITE #2 SARASOTA, FL 34242 US	5221 OCEAN BOULEVARD SUITE #2 SARASOTA, FL 34242 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 51-0520419 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOHL-HELBIG, LAUREN 1800 SECOND STREET STE 901 SARASOTA,, FL 34236	Name Thomas D. Ward Street Address (P.O. Box Number is Not Acceptable) 5221 Ocean Blvd Ste. 2 City Sarasota FL Zip Code 34242

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, THOMAS D 5221 OCEAN BOULEVARD, STE 2 SARASOTA, FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: ______ Thomas D. WARD 941-346-7434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #