


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90054 018 ****50.00

DOCUMENT # L04000079292		
1. Entity Name WATERSIDE ON THE INTRACOASTAL LLC		

Principal Place of Business 900 SE 3RD AVENUE, SUITE 201 FORT LAUDERDALE, FL 33316	Mailing Address 900 SE 3RD AVENUE, SUITE 201 FORT LAUDERDALE, FL 33316
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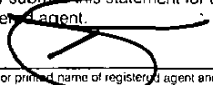


2. Principal Place of Business 1215 S.E. 2nd Avenue	3. Mailing Address 1215 S.E. 2nd Avenue
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33316	Country USA

02222005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent	
Name Kevin M. Coffey	
Street Address (P.O. Box Number is Not Acceptable) 1215 S.E. 2nd Ave Suite 201	
City FT Lauderdale	State FL
Zip Code 33316	

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.	DATE 2-22-05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 2-22-05 Date	DAYTIME PHONE # 954 525-9691 Daytime Phone #
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