
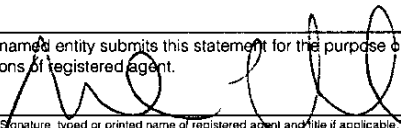
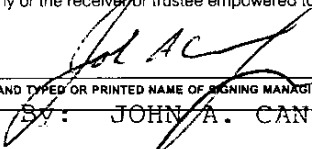


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90294 017 ****50.00

DOCUMENT # L05000045657 1. Entity Name AMERICAN TRUST WATERSIDE PARTNERS, LLC			
Principal Place of Business 3909 CAPE HAZE DRIVE CAPE HAZE, FL 33946		Mailing Address 3909 CAPE HAZE DRIVE CAPE HAZE, FL 33946	
2. Principal Place of Business 160 POND CYPRESS ROAD Suite, Apt. #, etc.		3. Mailing Address 46 N. WASHINGTON BLVD. Suite, Apt. #, etc. SUITE 1	
City & State VENICE, FL Zip 34292		City & State SARASOTA, FL Zip 34236	
Country		Country	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GANS, RICHARD R 1515 RINGLING BLVD., 10TH FLOOR SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITE 1 City SARASOTA	
State FL		Zip Code 34236	
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  DATE 3/16/06 <small>(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	<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
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 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: 		(941) 480-0120	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
By: JOHN A. CANINO, JR., Member of ROYAL GRAND CAPE HAZE, LLC			