

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117733

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** RAILSIDE ENTERPRISES, LLC

**Current Principal Place of Business:**

105 E. ROBINSON STREET  
SUITE 540  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

105 E. ROBINSON STREET  
SUITE 540  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 20-8766308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSWALD & OSWALD, P.L.  
222 S. WESTMONTE DRIVE, SUITE 210  
ALTAMONTE SPRINGS, FL 32714 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  
**Name:** EARLE, MARK  
**Address:** 276 WEKIVA PARK DRIVE  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** MGRM  
**Name:** BYWATER, FREDERICK B  
**Address:** 105 E. ROBINSON STR., STE 540  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** MGRM  
**Name:** BYWATER, WILLIAM G  
**Address:** 105 E. ROBINSON ST., STE 540  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** MGRM  
**Name:** BISHOP, LESLIE B  
**Address:** 105 E ROBINSON ST., STE 540  
**City-St-Zip:** ORLANDO, FL 32801

I hereby 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:** F. B. BYWATER

MGRM

02/11/2011

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