

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033385

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** CL WATERSIDE NAPLES, L.L.C.

**Current Principal Place of Business:**

5515 TAMIAMI TRL N STE 705  
NAPLES, FL 34108

**New Principal Place of Business:**

5515 TAMIAMI TRL N  
STE 705  
NAPLES, FL 34108

**Current Mailing Address:**

5825 SUNSET DRIVE, SUITE 309  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 20-4630567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLANOS TRUXTON, P.A.  
2121 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: BEINER, EDWARD W  
Address: 5825 SUNSET DRIVE, SUITE 309  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: BALOCCO, GUIDO  
Address: 5825 SUNSET DRIVE, SUITE 309  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES:**

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

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

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: EDWARD BEINER

MGR

04/20/2009

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