


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/12/2008-90016-048-S138.75-S138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 SEP 25 PM 3:48

DOCUMENT # L07000020809					
1. Entity Name WAYSIDE PLAZA, L.L.C.					
Principal Place of Business 3624 NW BROWN ROAD LAKE CITY, FL 32055			Mailing Address 3624 NW BROWN ROAD LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8857766	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NASH, SYLVESTER T 3624 NW BROWN ROAD LAKE CITY, FL 32055			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>Sylvester T Nash</i>			DATE <i>9-10-08</i>		
Signature typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH FAMILY, LLC		NAME		
STREET ADDRESS	3624 NW BROWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN BICKEL, SR. LIVING TRUST		NAME		
STREET ADDRESS	1604 SW DEKLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sylvester T Nash</i>			DATE: <i>9-10-08</i>		
Signature and typed or printed name of signing managing member, manager, or authorized representative			Date		
			Daytime Phone # <i>(386) 438-5958</i>		