2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000001075

1. Entity Name DOCKSIDE 590, L.L.C.



Principal Place of Business

1395 PANTHER LANE

SUITE 300 NAPLES, FL 34109 Mailing Address

1395 PANTHER LANE SUITE 300

NAPLES, FL 34109

FILED Feb 10, 2005 08:00 AM Secretary of State



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3570449

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC.

1395 PANTHER LANE

DO NOT WRITE

SUITE 300 NAPLES,		IN THIS SPACE			
	a named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office	or registered agent, or both, in the S	State of Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agont sign	sture required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOGRAFOS, MICHAEL J 9 ROCKYLEDGE ROAD SWAMPSCOTT, MA 01907		{ 02/j	100000224354 10/05-80083-010	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOGRAFOS, NOTA K 9 ROCKYLEDGE ROAD SWAMPSCOTT, MA 01907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated limited lie	certify that the information supplied with this filing does not on this report is true and accurate and that my signature she hills company or the receiver or trustee emonyored to expend	ualify for the exemption sta all have the same legal efforts	ated in Section 119.07(3)(i), Florida sect as if made under oath; that I am	Statutes. I further certify that a managing member or ma	the information mager of the

URE: MANAGING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

MANAGING MEMBER

2-5-05

781 710-0989

Date

__Daytime Phone #