

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

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**



01242006 No Chg-LLC

CR2E0B3 (11/05)

DO NOT WRITE IN THIS SPACE

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
SUITE 300
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZOGRAFOS, MICHAEL J
9 ROCKYLEDGE ROAD
SWAMPSCOTT, MA 01907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZOGRAFOS, NOTA K
9 ROCKYLEDGE ROAD
SWAMPSCOTT, MA 01907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/04/06 30029-000 50.00

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: Michael J. Zografos, Michael J. Zografos, Managing Member 2/7/06 781-581-7279

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

DATE

Daytime Phone #