2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State

DOCUMENT # L99000001075 1. Entity Name DOCKSIDE 590, L.L.C.					02-08-2008 90096 013 ***138.75				
Principal Place of Business 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109		Mailing Address 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Number 59-3570			No	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New R	egistered A	Agent	
	AWDOCK, INC.	Name Street Address		(P.O. Box Numbe	r is Not Acceptable	<u> </u>			
SUITE 300			į				·		
NAPLES, I	FL 34109			City			FL	Zip Code	
	named entity submits this statement for	the purpose of changing its	registere	d office or registe	ered agent, or both	h, in the State of Flo		familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATORE .	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE	E: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
					· ·			ayable to ent of State	
			10.				Depártm	ent of State	
9.	MANAGING MEMBER		TOTAL	- 1	:	Florida	Depártm	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ZOGRAFOS, MICHAEL J 9 ROCKYLEDGE ROAD	RS/MANAGERS	TITLE NAM STRE	et address		Florida	Depártm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM ZOGRAFOS, MICHAEL J 9 ROCKYLEDGE ROAD SWAMPSCOTT, MA 01907	S/MANAGERS Delete	TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP		Florida	Depártm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ZOGRAFOS, MICHAEL J 9 ROCKYLEDGE ROAD	RS/MANAGERS	TITLE NAM STRE	E EET ADDRESS -ST-ZIP		Florida	Depártm	ent of State	
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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, Managing Weuter 1/29/08 781 581-7279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DBIO DBIO DBIO DAYLING PRODE I