

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004154

Entity Name: WATERSIDE SHOPS, LLC

FILED
Jan 21, 2006
Secretary of State

Current Principal Place of Business:

5415 TAMiami TRAIL NORTH
SUITE 320
NAPLES, FL 34018

New Principal Place of Business:

Current Mailing Address:

100 GALLERIA OFFICENTRE
SUITE 427
SOUTHFIELD, MI 48034 US

New Mailing Address:

FEI Number: 20-0468573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYSMER, DAVID
3101 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 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: MGRM () Delete
Name: PROPERTY FLORIDA SCJ, LW TWO CORP
Address: C/O OREGON STATE TREASURY
City-St-Zip: SALEM, OR 97310 US

Title: MGR () Delete
Name: FORBES, NATHAN M
Address: 100 GALLERIA OFFICENTRE, SUITE 427
City-St-Zip: SOUTHFIELD, MI 48034 US

Title: MGRM () Delete
Name: FORBES WATERSIDE ASS, OCIATES
Address: 100 GALLERIA OFFICENTRE, SUITE 427
City-St-Zip: SOUTHFIELD, MI 48034 US

ADDITIONS/CHANGES:

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

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 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: NATHAN M FORBES

MGR

01/21/2006

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