

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002227

FILED
Jan 04, 2005
Secretary of State

Entity Name: WATERSIDE INVESTMENT PARTNERS, LLC

Current Principal Place of Business:

8554 FALLGOLD CT.
WESTERVILLE, OH 43082

New Principal Place of Business:

Current Mailing Address:

8554 FALLGOLD CT.
WESTERVILLE, OH 43082

New Mailing Address:

FEI Number: 73-1704890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAASSEN, SUSAN
4041 GULF SHORE BLVD N #612
NAPLES, FL 34103 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/MEMBERS:

Title: MGRM () Delete
Name: KLAASSEN, SUE
Address: 14 EMS D22C LANE
City-St-Zip: SYRACUSE, IN

Title: MGRM () Delete
Name: KLAASSEN, MARK
Address: 14 EMS D22C LANE
City-St-Zip: SYRACUSE, IN

Title: MGRM () Delete
Name: KLAASSEN, GLEN
Address: 19 EMS D22C LANE
City-St-Zip: SYRACUSE, IN

Title: MGRM () Delete
Name: KLAASSEN, REITHA
Address: 19 EMS D22C LANE
City-St-Zip: SYRACUSE, IN

Title: MGRM () Delete
Name: KLAASSEN, JIM
Address: 8554 FALLGOOD CT.
City-St-Zip: WESTERVILLE, OH 43082

Title: MGRM () Delete
Name: KLAASSEN, CAY
Address: 8554 FALLGOOD CT.
City-St-Zip: WESTERVILLE, OH 43082

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:

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 Section 119.07(3)(i), 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: CAY KLAASSEN

MGRM

01/04/2005

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