

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006272

FILED
Apr 15, 2009
Secretary of State

Entity Name: WATERSIDE APARTMENT VENTURES, LLC

Current Principal Place of Business:

11766 WILSHIRE BLVD., SUITE 1450
LOS ANGELES, FL 90025

New Principal Place of Business:

Current Mailing Address:

11766 WILSHIRE BLVD., SUITE 1450
LOS ANGELES, FL 90025

New Mailing Address:

FEI Number: 26-1260658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: LIPPMAN, JAMES
Address: 11766 WILSHIRE BLVD., SUITE 1450
City-St-Zip: LOS ANGELES, CA 90025

Title: SEC () Delete
Name: MCKEE, JOHN S
Address: 11766 WILSHIRE BLVD. #1450
City-St-Zip: LOS ANGELES, CA 90025

Title: CFO () Delete
Name: SHULMAN, JAY
Address: 11766 WILSHIRE BLVD. #1450
City-St-Zip: LOS ANGELES, CA 90025

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 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: JOHN MCKEE

SEC

04/15/2009

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