## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L01000002415  1. Entity Name ON THE WATERFRONT, LIMITED LIABILITY COMPANY						04-27-2005	90042 022 ****5	0.00
Principal Place of Business 7930 TATUM WATERWAY DR. MIAMI BEACH, FL 33140-1929		Mailing Address P.O. BOX 402194 MIAMI BEACH, FL 33140			I BBIDI QBIL BBILL BUKL BBINL	31 <b>08</b> UU <b>88</b> II <b>0</b> 13 <b>8</b> 11 <b>0</b> 16 <b>81</b> 418 <b>8</b> 4 9	18 <b>01</b> 1 HT 1 <b>38</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005	Chg-LLC	CR2E083 (10/03)	l	
City & State		City & State		4. FEI Numb 65-107			pplied For ot Applicable	
Zip	Country	Zip				of Status Desired	□ \$5.00 Ad Fee Requir	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	legistered Agent	
				Name				
COHEN, P 5101 COLI MIAMI BE			Street Address (P.O. Box Number is Not Acceptable)					
	,							
[			City				FL Zip Co	oe.
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of Flo	orida. Lam familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registere	d Agent signatura req	ured when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005								
Fi D	iling Fee is \$50.00 ue by May 1, 2005						te check payable to a Department of Sta	te
Fi De	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.				a Department of Sta	te
D	ue by May 1, 2005	RS/MANAGERS	10.	E	11 1141 - 14	Florida	a Department of Sta	te Addition
9.	ue <b>by May 1, 2005</b> MANAGING MEMBER		-	I		Florida	Department of Sta	
9.  TITLE  NAME  STREET ADDRESS	MANAGING MEMBER MGR ON THE WATERWAY, INC. 7930 TATUM WATERWAY DR.		TITL NAM STRI	EET ADORESS		Florida	Department of Sta	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: PETER LOHEN 64SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-25-06

305-864-7337 Daytme Phone 1