


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000002415 1. Entity Name ON THE WATERFRONT, LIMITED LIABILITY COMPANY	
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Principal Place of Business 10101 COLLINS AVE SUITE 10C BAL HARBOUR, FL 33154	Mailing Address P.O. BOX 402194 MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1077666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, PETER
 10101 COLLINS AVE SUITE 10C
 BAL HARBOUR, FL 33154

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETER, COHEN 10101 COLLINS AVE STE 10C BAL HARBOUR, FL 33154
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 05/21/08-80085-003 138.75

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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:  PETER COHEN 4/26/08 305-864-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #