


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90025 046 \*\*\*\*50.00

**DOCUMENT # L02000013123**

1. Entity Name  
**WATERVIEW INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
 11000 NW 92 TERRACE      11000 NW 92 TERRACE  
 MIAMI, FL 33178 US      MIAMI, FL 33178 US

60000400

2. Principal Place of Business      3. Mailing Address  
*6340 SUNSET DR*      *6340 SUNSET DR*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02012005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
*MIAMI FL*      *MIAMI FL*  
 Zip      Country      Zip      Country  
*33143*      *USA*      *33143*      *USA*

4. FEI Number      Applied For  
 57-1135913      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 ROBERT A. BRANDT, P.A.  
 1110 BRICKELL AVENUE  
 PH-1  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	CABRERIZO, TOMAS	11000 NW 92 TERRACE	MIAMI, FL 33178	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>ROB</i>	<i>Fieldstone, Ronald R</i>	<i>201 ALHAMBRA CIRDE # 601</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>CORAL GABLES, FL 33134</i>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *[Signature]*      *Roland A. Fieldstone*      *04/28/05*      *305 357-1001*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #