## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L02000013123

## FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90025 046 \*\*\*\*50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name WATERVI		ESTMENTS, LL	С							
Sulle, Apt. #, etc.	1 1000 NW 92	2 TERRACE		11000 NW 92 TERRA	_		4.45			10010 10000 (d)	
City & Siste MATH   FL   City & State   FL   Street Address of Current Registered Agent   FL   Street Address of State   St.00 Address of State   St.00 Address of State   St.00 Address of St.00 Address of Current Registered Agent   To Name and Address of New Registered Agent   To Name and Address of New Registered Agent   Name	6340	SUNS	ess ET DR	3. Mailing Address 6340 Solite, Apt. #, etc.	INSET Y	R.		, •====================================	.,,		
ZP 9943 Country WSD 2014D Country WSD 2014D Country WSD 3014D Coun	City & State		El	City & State	F		4. FEI Numb	er	CR2E08:	Ap	·
S. Name and Address of Current Registered Agent  ROBERT A. BRANDT, P.A. 110 BRICKELL AVENUE PH-1 PH-1 PH-1 PH-1 PH-1 PH-1 PH-1 PH-1	7:-		Country	Zip	Country	USA.			□ \$	5.00 Add	itional
Sireet Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Cur	rent Registered Agent			7. Name and	d Address of New I			
City   FL   Zip Code    In the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate objections of registered agent.  If the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the objections of registered agent.  If the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the objective for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate for the objective f	1110 BRIC	A. BRAND KELL AVE	T, P.A. ENUE		<u> </u>		P.O. Box Numb	er is Not Acceptabl	e)		
THE Changes of registered agent.  SIGNATURE SQUARMS. Typed or private name of registered agent and site if applicable.  Filling Fee is \$50.00  Buse by May 1, 2005  MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  MANAGERIZO, TOMAS  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  STREET ADDR		33131			City	,			FL	Zip Code	•
Make check payable to Florida Department of State    Managing Members / Managers   10.   Additions / Change   Addi	the obligati	ions of regist	ered agent.		its registered office	ce or register	red agent, or bo	oth, in the State of Fl	lorida. I am fai	niliar with,	and accept
Bue by May 1, 2005    MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES     Mage	SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applicable. (NC	OTE: Registered Agent:	signature required	1 when reinstating)		DATE		
MANE CABRERIZO, TOMAS INTERET ADDRESS CITY-ST-2IP MIAMI, FL 33178  Delete TITLE MANE CABRERIZO, TOMAS SIREET ADDRESS CITY-ST-2IP MIAMI, FL 33178  Delete TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-	Fi D:	ling Fee i ue by May	s \$50.00 / 1, 2005								<b>.</b>
ITILE   Delete   TITLE   NAME   STREET ADDRESS   CITY-51-2P    ITILE   Delete   TITLE   Delete   MAME   STREET ADDRESS   CITY-51-2P    ITILE   DELETE   DELETE	).		MANAGING ME	MBERS/MANAGERS	10.			ADDITIONS	/CHANGES		
Change   Addi	NAME STREET ADDRESS	CABRERI 11000 NV	92 TERRACE	<b>⊠</b> Delete	NAME STREET ADDR	RESS 201	L Idstor RALHA	PERONE PARA	Id R CIRCLE 72.33	☑ Change , ¥ Co 134	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP    Delete   TITLE	NAME Street address			☐ Delete	NAME STREET ADDR	RESS					Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ADDRES	NAME Street address			☐ Delete	NAME Street addr				· · · · · · · · · · · · · · · · · · ·	Change	Additio
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 informatio 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  AMAME  STREET ADDRESS CITY-ST-ZIP  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 informatio 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  AMAMO A. ALLI CASTONE  AMAME  STREET ADDRESS CITY-ST-ZIP  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 as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS			☐ Delete	NAME Street Addr					□ Change	Additio
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME Street address			☐ Delete	NAME STREET ADDR					☐ Change	☐ Addition
MOLAND 1. FIELDSTONE STATE TO THE	name Street adoress			☐ Delete	name Street addi	I				☐ Change	Additio
			e information supplier t is true and accurate ny dr therreceiver or t	No	LAMO 1	on stated in Soll effect as if unified by Chap	ection 119.07(3 made under oa oter 608, Florida ds 701/				