

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020967

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** WATERS HIGHLANDS, L.L.C.

**Current Principal Place of Business:**

4001 SANTA BARBARA BLVD #240  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4001 SANTA BARBARA BLVD #240  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 11-3650233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATERS, EDWARD J  
4001 SANTA BARBARA BLVD #240  
NAPLES, FL 34104 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: WATERS, EDWARD J  
Address: 4001 SANTA BARBARA BLVD #240  
City-St-Zip: NAPLES, FL 34104

Title: MGRM ( ) Delete  
Name: WATERS, ANN W  
Address: 4001 SANTA BARBARA BLVD #240  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

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 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:** EDWARD J. WATERS

MGRM

01/18/2006

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