


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90019 010 \*\*\*\*50.00

DOCUMENT # L03000007465

1. Entity Name  
**WATERFORD TRAILS MGI, LLC**



Principal Place of Business      Mailing Address

15340 JOG ROAD, SUITE 200      15340 JOG ROAD, SUITE 200  
 DELRAY BEACH FL 33446      DELRAY BEACH FL 33446



2. Principal Place of Business      3. Mailing Address

**5350 W. Atlantic Ave**      **SAME AS #2**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**102**

1st MOORE      CR2E083 (10/05)

City & State      City & State

**Delray Beach FL**      **FL**

Zip      Country      Zip      Country

**33484**      **USA**

4. FEI Number      Applied For

**45-0503539**       Not Applicable

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

6. Name and Address of Current Registered Agent

**MORTON, MICHAEL**  
**15340 JAY ROAD SUITE 200**  
**DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

Name

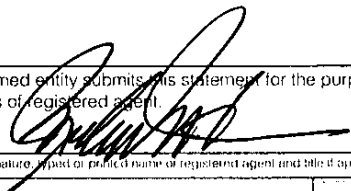
Street Address (P.O. Box Number is Not Acceptable)

**5350 W. Atlantic Ave #102**

City      State      Zip Code

**Delray Beach FL 33484**

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: **4-11-06**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORTON GROUP INC	
STREET ADDRESS	15340 JOY ROAD SUITE 200	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5350 W. Atlantic Ave #102</b>	
STREET ADDRESS	<b>Delray Beach, FL 33484</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **MICHAEL MORTON**      Date: **4/11/06**      **5618659222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Optional Phone #