

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026863

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: WATERFORD SQUARE APARTMENTS ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

23123 S. STATE RD. 7  
SUITE 240  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

23123 S. STATE RD. 7  
SUITE 240  
BOCA RATON, FL 33428 US

**New Mailing Address:**

FEI Number: 75-3124370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GORDON, JAMES N  
23123 S. STATE RD 7  
SUITE 240  
BOCA RATON, FL 33428 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: KROENKE, E. STANLEY  
Address: 1001 CHERRY ST., #308  
City-St-Zip: COLUMBIA, MO 65201 US

Title: MGRM ( ) Delete  
Name: GORDON PROPERTY COMP, ANY XXVIV, L.L. C.  
Address: 23123 S. STATE RD. 7, SUITE 240  
City-St-Zip: BOCA RATON, FL 33428 US

**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: JAMES N. GORDON

MGRM

04/07/2006

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