


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90023 041 ***138.75

DOCUMENT # L03000029960

1. Entity Name
WATERFORD WATERFRONT PROPERTIES II, LLC



Principal Place of Business
**333 SOUTH TAMiami TRAIL, SUITE 101
 VENICE, FL 34285**

Mailing Address
**333 SOUTH TAMiami TRAIL, SUITE 101
 VENICE, FL 34285**

60038360



2. Principal Place of Business - No P.O. Box #
333 South Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address
333 South Tamiami Trail
Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State
Venice, FL

City & State
Venice, FL

4. FEI Number
56-2386674

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MILLER, MICHAEL W
 333 SOUTH TAMiami TRAIL, SUITE 101
 VENICE, FL 34285**

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
333 South Tamiami Trail, Suite 203
 City **Venice** State **FL** Zip Code **34285**

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MICHAEL W 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MILLER, MICHAEL W 333 South Tamiami Trail, Suite 203 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: **5/1/08** DAYTIME PHONE #: **944 444 1651**

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