

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029975

FILED
Apr 22, 2009
Secretary of State

Entity Name: WATERFORD WATERFRONT BUILDING B, LLC

Current Principal Place of Business:

333 SOUTH TAMIAMI TRAIL, SUITE 203
VENICE, FL 34285

New Principal Place of Business:

3330 RUSTIC ROAD
NOKOMIS, FL 34275

Current Mailing Address:

333 SOUTH TAMIAMI TRAIL, SUITE 203
VENICE, FL 34285

New Mailing Address:

PO BOX 595
VENICE, FL 34284

FEI Number: 56-2386689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL W
333 SOUTH TAMIAMI TRAIL, SUITE 203
VENICE, FL 34285 US

Name and Address of New Registered Agent:

O'GRADY, CYNTHIA W
3330 RUSTIC ROAD
NOKOMIS, FL 34275 US

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: CYNTHIA OGRADY

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, MICHAEL W
Address: 333 S TAMIAMI TRL STE 203
City-St-Zip: VENICE, FL 34285

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: KOWALSKI, LORI
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

Title: VPD () Change (X) Addition
Name: CONTI, DIANE
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

Title: TD () Change (X) Addition
Name: KAPLAN, MICHAEL
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

Title: SD () Change (X) Addition
Name: SEIDE, STEVE
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

Title: D () Change (X) Addition
Name: JORDAN, LARRY
Address: PO BOX 595
City-St-Zip: VENICE, FL 34284

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL KAPLAN

TD

04/22/2009

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