


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90034 016 \*\*\*\*50.00

**DOCUMENT # L03000048653**

1. Entity Name  
**WATERFORD PALMS AT RIVIERA DUNES, L.L.C.**



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

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0489619** Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

**DOERR, KENNETH D  
 240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILLER, MICHAEL W</b> <b>333 S. TAMiami TRAIL, SUITE 101</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SMITH, MARC</b> <b>333 S. TAMiami TRAIL, SUITE 101</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DISTEFANO, PAUL L</b> <b>333 S. TAMiami TRAIL, SUITE 101</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PARRISH, JAYNE E</b> <b>333 S. TAMiami TRAIL, SUITE 101</b> <b>VENICE, FL 34285</b>	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **4/17/06** Daytime Phone # **941-441-1380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE