


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90044 017 ****50.00

DOCUMENT # L04000022094

1. Entity Name
WATERWAY INVESTMENT PROPERTIES, LLC



Principal Place of Business
**1474 JORDAN HILLS CT.
 CLEARWATER, FL 33756**

Mailing Address
**1474 JORDAN HILLS CT.
 CLEARWATER, FL 33756**

20027110



2. Principal Place of Business
4250 Central Avenue
 Suite, Apt. #, etc.

3. Mailing Address
4250 Central Avenue
 Suite, Apt. #, etc.

03292006 Chg-LLC CR2E083 (11/05)

City & State
St. Petersburg FL

City & State
St. Petersburg FL

Zip
33711 Country
USA

Zip
33711 Country
USA

4. FEI Number
20-1059160

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRUNSON, JOHN MORGAN ESQ
 1474 JORDAN HILLS CT.
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name
Brunson, John Morgan Esq.

Street Address (P.O. Box Number is Not Acceptable)
4250 Central Avenue

City
St. Petersburg FL Zip Code
33711

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  **John Morgan Brunson** **3-30-06**
Signature typed or printed name of registered agent and date if applicable. (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	MGR BRUNSON, JOHN MORGAN 1474 JORDAN HILLS CT. CLEARWATER, FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITZGERALD, SARAH E 1474 JORDAN HILLS CT. CLEARWATER, FL 33756	<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	Mgr Brunson, John Morgan 4250 Central Avenue St. Petersburg FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Fitzgerald, Sarah E. 4250 Central Avenue St. Petersburg FL 33711	<input checked="" 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:  **John Morgan Brunson** **3-30-06** **(727)828-0580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #