

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045931

FILED
Mar 12, 2007
Secretary of State

Entity Name: WATERFORD TOWN SQUARE, LLC

Current Principal Place of Business:

999 CAXAMBAS DRIVE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

999 CAXAMBAS DRIVE
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-1023931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHBURN, LYNNE W
999 CAXAMBAS DRIVE
MARCO ISLAND, FL 34145 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: MGR () Delete
Name: WASHBURN, LYNNE W
Address: 999 CAXAMBAS DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: ARNOLD, JOHN P
Address: 999 CAXAMBAS DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: FLAHARTY, PATRICK
Address: 11670 ROSEMONT DRIVE
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNNE W. WASHBURN

MGR

03/12/2007

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