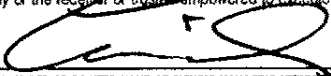


FILED
Jan 30, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000078234		
1. Entity Name WATERS EDGE SANIBEL, L.L.C.		
Principal Place of Business 20394 TIMBERED ESTATES CARLINVILLE, IL 62626	Mailing Address 20394 TIMBERED ESTATES CARLINVILLE, IL 62626	
DO NOT WRITE IN THIS SPACE		
		01092007No Chg-LLC CR2E083 (11/05)
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
MURTY, TIMOTHY J ESQ. 1633 PERIWINKLE WAY A SANIBEL, FL 33957		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILLARD, CHRIS J 20394 TIMBERED ESTATES CARLINVILLE, IL 62626	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: 		1/25/07 278549871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

U00000611563
02/02/07-80087-017 50.00