


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90022 031 \*\*\*138.75

**DOCUMENT # L04000091869**

1. Entity Name  
**WATERFORD NPC, LLC**



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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**333 South Tamiami Trail**      **333 South Tamiami Trail**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 203**      **Suite 203**

City & State      City & State  
**Venice, FL**      **Venice, FL**  
 Zip      Country      Zip      Country  
**34285**      **US**      **34285**      **US**

04302008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-2025128**      Not Applicable

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



6. Name and Address of Current Registered Agent

**MILLER, MICHAEL W**  
**333 TAMiami TRAIL SOUTH**  
**SUITE 101**  
**VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**333 South Tamiami Trail, Suite 203**  
 City      State      Zip Code  
**Venice**      **FL**      **34285**

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: **5/1/08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MICHAEL W 333 TAMiami TRAIL SOUTH VENICE, FL 34285	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285	<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
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: \_\_\_\_\_      Date: **5/1/08**      Daytime Phone #: **941-441-1651**

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