

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2008 90022 032 ***138.75

DOCUMENT # L04000093209

1. Entity Name
WATERFORD PROPERTY MANAGEMENT COMPANY, LLC



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

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

60038543



2. Principal Place of Business - No P.O. Box #
333 South Tamiami Trail

3. Mailing Address
333 South Tamiami Trail

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

City & State
Venice, FL

City & State
Venice, FL

Zip
34285

Country
US

Zip
34285

Country
US

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2051196

Applied For
 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

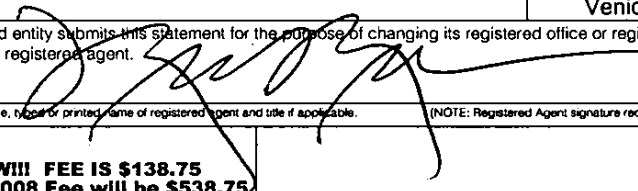
Name

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

333 South Tamiami Trail, Suite 203

City **Venice** State **FL** Zip Code **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  DATE **5/1/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

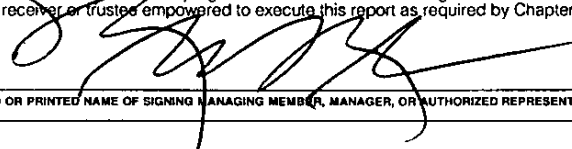
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MILLER, MICHAEL W	333 TAMiami TRAIL SOUTH - SUITE 101	VENICE, FL 34285	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		333 South Tamiami Trail, Suite 203	Venice, FL 34285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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