


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:11

<b>DOCUMENT # L06000076799</b> 1. Entity Name WATERFORD PARK GP, LLC	
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Principal Place of Business 1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32835	Mailing Address 1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32835
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04212008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5311790	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHWW, INC  
 390 N. ORANGE AVENUE, SUITE 1500  
 ORLANDO, FL 32835

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B. 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 \_\_\_\_\_

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

400128282794  
 05/02/08--01003--005 \*\*\$6175.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, DAVID J 1768 PARK CENTER DRIVE SUITE 400 ORLANDO, FL 32835
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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:** David J. Townsend *David J. Townsend Mgr. 4/15/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #