

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90075 006 ***138.75



DOCUMENT # L07000032796

1. Entity Name

5712 WEST WATERS AVENUE, LLC

Principal Place of Business

10103 TARPON SPRINGS ROAD
ODESSA FL 33556

Mailing Address

10103 TARPON SPRINGS ROAD
ODESSA FL 33556



2. Principal Place of Business - No P.O. Box #

5712 WEST WATERS AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa-FL

City & State

Zip

Country

Zip

Country

33634

4. FEI Number

68-0654240

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

PALOMINO, DIANA R
10103 TARPON SPRINGS ROAD
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 to file if applicable

(NOTE: Registered Agent's Qualification Required when re-registering)

DATE

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	PALOMINO, DIANA R	10103 TARPON SPRINGS ROAD	ODESSA FL 33556	<input type="checkbox"/>
MGMR	MIZZI, SHEILA D	214 MCNALL ROAD	FAIRFAX VT 05454	<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 type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 Section 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: *D. Palomino* - D. PALOMINO

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

3/21/08

(813) 9206967

DAY

Daytime Phone #