

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003778

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: LAUDERDALE WATERFRONT MOTWANI ASSOCIATES, LLC

**Current Principal Place of Business:**

2400 EAST LAS OLAS BLVD., #324  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

2400 EAST LAS OLAS BLVD., #324  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-3115979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

MOTWANI, DEV R  
2400 EAST LAS OLAS BLVD.,  
#324  
FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE: DEV R MOTWANI

04/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOTWANI, RAMOLA  
Address: 2400 EAST LAS OLAS BLVD., #324  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: MOTWANI, NITIN  
Address: 2400 EAST LAS OLAS BLVD., #324  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O ( ) Change (X) Addition  
Name: MOTWANI, DEV  
Address: 2400 EAST LAS OLAS BLVD., #324  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEV MOTWANI

O

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date