2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 10, 2005 8:00 am Secretary of State **DOCUMENT # L02000024812** 02-10-2005 90193 016 ****50.00 WATERMEN L.L.C. Principal Place of Business Mailing Address 8045 NW 155 ST 8045 NW 155 ST 20009835 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 CR2E083 (10/03) 01282005 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0523315 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, EDDY DO NOT WRITE 8045 NW 155 ST MIAMI LAKES, FL 33016 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE GARCIA, EDDY NAME 8045 NW 155 ST. STREET ADORESS MIAMI LAKES, FL 33016 CITY-ST-ZIP MGR KRAIZGMAN, DAVID NAME 8045 NW 155 ST. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP NAME

FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE