


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90038 029 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000034178	
1. Entity Name 6285 WATERS AVENUE, LLC	

Principal Place of Business 6285 WATERS AVENUE TAMPA, FL 33634	Mailing Address 716 BOBWHITE LANE NAPLES, FL 34108
--	--

DO NOT WRITE IN THIS SPACE



04162007No Chg-LLC CR2E033 (11/06)

4. FE Number 11-3667324	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Domestic Registered Agent

SWANSON, GRACE R
 716 BOBWHITE LANE
 NAPLES, FL 34108

**DO NOT WRITE
 IN THIS SPACE**

I, The above named entity submit 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: _____
(Signature, title or printed name of registered agent and file # applicable) (NOTE: Registered Agent signature required when renouncing)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SWANSON, GRACE 716 BOBWHITE LANE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: *Grace R Swanson* 4-16-07 239-513-0479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date