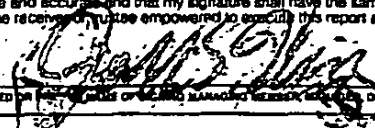


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

06-27-2005 90135 006 ****50.00

DOCUMENT # L00000006440			
1. Entity Name WATERWAY PROPERTIES, LLC			
Principal Place of Business 625 RAMBLIN ROSE LANE NAKOMIS, FL 34275		Mailing Address 625 RAMBLIN ROSE LANE NAKOMIS, FL 34275	
2. Principal Place of Business		3. Mailing Address 170 Varick Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PH Floor	
City & State		City & State New York, NY	
Zip	Country	Zip	Country
		10013	
4. FEI Number 22-3734840		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, JOHN 625 RAMBLIN ROSE LANE NAKOMIS, FL 34275		7. Name and Address of New Registered Agent Name John King Street Address (P.O. Box Number is Not Applicable) 625 Ramblin Rose Lane City NAKOMIS FL 34275	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KING, JOHN 625 RAMBLIN ROSE LANE NAKOMIS, FL 34275 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		Date 7/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, SECRETARY, OR AUTHORIZED REPRESENTATIVE		Date	