

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008133 1. Entity Name QUIET WATERS 3, LLC	
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Principal Place of Business 324 SO. POWERLINE ROAD DEERFIELD BEACH, FL 33442 US	Mailing Address 324 SO. POWERLINE ROAD DEERFIELD BEACH, FL 33442 US
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DO NOT WRITE IN THIS SPACE

03082005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1105965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEUNIS, IAN
 324 SO. POWERLINE ROAD
 DEERFIELD BEACH, FL 33442

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when retaxing) DATE _____

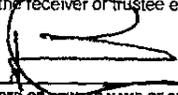
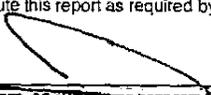
**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELTRAME, FRANCO 324 S. POWERLINE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HEUNIS, IAN 324 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BELTRAME, BITTORIO 324 S. POWERLINE RD. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELTRAME, FRANCO 324 S. POWERLINE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFF, LESLEY-ANNE 324 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELTRAME, ALEXANDER 324 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442

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U00000264155
 03/16/05-80004-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   **03/11/05 95025834/**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #