


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # L01000008133</b>               |  |
| 1. Entity Name<br><b>QUIET WATERS 3, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>324 SO. POWERLINE ROAD<br/>DEERFIELD BEACH, FL 33442 US</b> | Mailing Address<br><b>324 SO. POWERLINE ROAD<br/>DEERFIELD BEACH, FL 33442 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03082005No Chg-LLC CR2E083 (10/03)

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

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>HEUNIS, IAN<br/>324 SO. POWERLINE ROAD<br/>DEERFIELD BEACH, FL 33442</b> |  |
|--|--|

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

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

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

U00000264155  
03/16/05-80004-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/11/05 950025834/  
Date Daytime Phone #