

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90267 012 \*\*\*\*50.00

<b>DOCUMENT # L01000014133</b>					
<b>1. Entity Name</b> WHITEWATER VENTURES, LLC					
<b>Principal Place of Business</b> 621 SE CENTRAL PKWY STUART, FL 34994			<b>Mailing Address</b> 621 SE CENTRAL PKWY STUART, FL 34994		
<b>2. Principal Place of Business</b> 1935 Commerce Lane		<b>3. Mailing Address</b> 1935 Commerce Lane			
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5			
City & State Jupiter, FL		City & State Jupiter, FL			
Zip 33458	Country USA	Zip 33458	Country USA	02202006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 65-1138750				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KELLY, GEORGE T IV 621 S.E. CENTRAL PARKWAY STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			1935 Commerce Lane		
Suite			Suite 5		
City			Jupiter FL Zip Code 33458		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, GEORGE T IV 621 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECESARE, VICKI L 18185 PERIGON WAY JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, PATRICK B 621 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, PATRICK B 621 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, PATRICK B 621 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, PATRICK B 621 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Vicki L. Decesare</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <u>3/12/06</u> Daytime Phone # <u>561-743-7381</u>					