


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |  |   |
|---|--|---|
| DOCUMENT # L01000019600                 |  |  |
| 1. Entity Name<br>WATERBROOK FALLS, LLC |  |   |


|  |  |
|--|--|
| Principal Place of Business<br>4501 BEVERLY AVENUE<br>JACKSONVILLE, FL 32210 | Mailing Address<br>4501 BEVERLY AVENUE<br>JACKSONVILLE, FL 32210 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>5851 TIMUGUANA RD<br>Suite, Apt. #, etc.<br>301 | 3. Mailing Address<br>5851 TIMUGUANA RD<br>Suite, Apt. #, etc.<br>301 |
| City & State<br>JACKSONVILLE FL   | City & State<br>JACKSONVILLE FL                                       |
| Zip<br>32210  | Country<br>DUAL   |

FILED

2007 MAY 24 P 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202007 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br>59-3757532                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>ATLEE, KENYON S<br>4501 BEVERLY AVENUE<br>JACKSONVILLE, FL 32210 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>5851 TIMUGUANA RD<br>Suite 301<br>City JACKSONVILLE FL Zip Code 32210 |
|---|--|

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 reinstating)

DATE \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2007 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ATLEE, KENYON S<br>4501 BEVERLY AVENUE<br>JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KENDALE Q.P. INC<br>5851 TIMUGUANA RD. Ste 301<br>JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: Kenny S. Atlee KENYON S. ATLEE 4-25-07 904-384-6964

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