2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019600

1. Entity Name
WATERBROOK FALLS, LLC



Principal Place of Business

5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

Mailing Address

5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90128 005 ***138.75



DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3757532

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATLEE, KENYON S 5851 TIMUQUANA RD., STE 301 JACKSONVILLE, FL 32210

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE. Registered Agent signature required when reinstating) DATE | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| FITLE | MGR | | |
| NAME | KENDALE G.P. INC. | | |
| STREET ADDRESS | 5851 TIMUQUANA RD., STE 301 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | |
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| TITLE NAME | | | |
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| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 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. | | | |

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