2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

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DOCUMENT # L0200001404 1. Entity Name WATERMARK KEY WEST, LLC					05-01-2006 9	00075 037 ****5	0.00	
Principal Plac	e of Business	Mailing Address	-		20-			
804 WHITE STREET		804 WHITE STREET			20041264			
KEY WEST, FL 33040		KEY WEST, FL 33040			, 43721	54		
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2 Principal P	tace of Rusiness	3. Mailing Address		 				
2. Principal Place of Business		7/3 Caroline ST.			H	U 1814 8148 HELL GIBU GULI I	 11 11 11 11 11 11 11 	
713 Caroline St.								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282006	Chg-LLC	CR2E083 (11/05)	
Suite Z		Suite Z				, .,		
City & State		City & State		4. FEI Num		<u> </u>	pplied For	
Key a	Day, FC	Mey wood	<u>, </u>	02-05	33834		tot Applicable	
Zip	Country	Zip	Country	5 Cortificat	e of Status Desired	□ \$5.00 A	ditional	
33040	MONIZOE	33040	MONRO	e * certifica	e of Status Desired	Fee Requir		
	6. Name and Address of Current I	Registered Agent		7. Name ar	d Address of New R	egistered Agent		
			Name				•	
DYER, W. THOMAS								
414 N. FEI	RNCREEK AVE.		Street A	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO), FL 32803							
			City			⊏t Zip Co	de	
						FL Zip Co	•	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	r registered agent, or b	oth, in the State of Flo	orida. I am familiar with	, and accept	
* *								
SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: Re	egistered Agent signat	ure required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd lille if applicable. (NOTE: Re	egistered Agent signat	ure required when reinstating)	I	DATE		
		ind little if applicable. (NOTE: Re	egistered Agent signat	ure required when reinstating)	Mak		· · · · · · · · · · · · · · · · · · ·	
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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: MICHAEL WILLIAM TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Proper