

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90062 033 \*\*\*\*50.00

<b>DOCUMENT # L02000007354</b>	
1. Entity Name <b>FRESHWATER DEVELOPMENT COMPANY LLC</b>	

Principal Place of Business <b>12765 W. FOREST HILL BLVD. STE 1305 WEST PALM BEACH, FL 33414</b>	Mailing Address <b>12765 W. FOREST HILL BLVD. STE 1305 WEST PALM BEACH, FL 33414</b>
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**20000998**



2. Principal Place of Business <b>3445 SANTA BARBARA DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>3445 SANTA BARBARA DR</b> Suite, Apt. #, etc.
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01102006 Chg-LLC CR2E083 (11/05)

City & State <b>Wellington, FL</b>	City & State <b>Wellington, FL</b>
Zip <b>33414</b>	Zip <b>33414</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>02-0567964</b>	Applied For <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 <b>TELLES, JOSEPH T 13765 W. FOREST HILL BLVD STE 1305 WELLINGTON, FL 33414</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FLEMING, THOMAS W 629 GREEN BAY ROAD, STE. 10 WILMETTE, IL 60091</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM/PRES FLEMING, THOMAS W 3445 SANTA BARBARA DR WELLINGTON, FL 33414</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

<b>SIGNATURE:</b> 	<b>THOMAS W. FLEMING</b> 1/13/06	561-781-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #