

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90071 038 ****55.00

DOCUMENT # L02000007603

1. Entity Name

WATER'S EDGE ESTATES, LLC



Principal Place of Business

JUPITER COVE
1340 U.S. HIGHWAY ONE, #102
JUPITER FL 33469

Mailing Address

JUPITER COVE
1340 U.S. HIGHWAY ONE, #102
JUPITER FL 33469

2. Principal Place of Business

7428 Wiles Road
Suite, Apt. # etc.
C/O Foglia Contracting
City & State
Coral Springs, FL
Zip
33067 Country
USA

3. Mailing Address

7428 Wiles Road
Suite, Apt. # etc.
C/O Foglia Contracting
City & State
Coral Springs, FL
Zip
33067 Country
USA



MOORE

CR2E083 (4/04)

4. FEI Number

02-0578231

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

LOMBARDI, VICTOR A
JUPITER COVE
1340 U.S. HIGHWAY ONE, #102
JUPITER FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LOMBARDI, VICTOR A
1340 U.S. HIGHWAY ONE, #102
JUPITER FL 33469

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BACH, GERRY
1340 U.S. HIGHWAY ONE, #102
JUPITER FL 33469

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FOGLIA CONTRACTING CORP.
7428 WILES ROAD
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

VICTOR A. LOMBARDI **8/2/04** **361-744-8613**