

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90152 001 ***300.00

DOCUMENT # L02000007603

1. Entity Name

WATER'S EDGE ESTATES, LLC



Principal Place of Business

**622 BEACHLAND BLVD STE 203
VERO BEACH, FL 32963**

Mailing Address

**622 BEACHLAND BLVD STE 203
VERO BEACH, FL 32963**



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
622 BEACHLAND BLVD STE 203
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LOMBARDI, VICTOR A
622 BEACHLAND BLVD STE 203
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BACH, GERRY
622 BEACHLAND BLVD STE 203
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FOGLIA, JOSEPH J
622 BEACHLAND BLVD STE 203
CORAL SPRINGS, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Victor A Lombardi 4/27/07 561-262-5994