## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

## **FILED** Mar 13, 2006 08:00 AM **DOCUMENT # L02000015185** Secretary of State WATERCREST, LLC Principal Place of Business Mailing Address **615 WOODHAVEN DRIVE** 615 WOODHAVEN DRIVE OPP, AL 36467 OPP, AL 36467 01242006No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3687278 Not Applicable \$5.00 Additional 3. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANNON, GEORGE T SR. DO NOT WRITE 14 CLAYTON LANE SUITE 14 IN THIS SPACE GRAYTON BEACH, FL 32459 6. 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 eccept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) HUUURU467163 Filing Fee is \$50.00 Due by May 1, 2006 03/23/06-80039-015 55,110 3. MANAGING MEMBERS/MANAGERS MGR TITLE SULLIVAN, JIM NAME STREET ADDRESS 615 WOODHAVEN DRIVE OPP, AL 36467 CITY-ST-ZIP TITLE NAME STREET ADDRESS CCTY-ST-7P THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-DP 717) F IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP

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

11. ( hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.) 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.