


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90018 046 \*\*\*\*50.00

<b>DOCUMENT # L02000016099</b>	
1. Entity Name <b>WATERFRONT INVESTMENT &amp; DEVELOPMENT, LLC</b>	

Principal Place of Business <b>455 N. INDIAN ROCKS RD STE B BELLEAIR BLUFFS, FL 33770</b>	Mailing Address <b>10225 ULMERTON RD STE 3D BELLEAIR BLUFFS, FL 33771</b>
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2. Principal Place of Business <b>1180 Ponce De Leon Blvd. Suite 201 Clearwater, FL 33756</b>	3. Mailing Address <b>1180 Ponce De Leon Blvd. Suite 201 Clearwater, FL 33756</b>
Suite, Apt. #, etc. <b>Suite 201</b>	Suite, Apt. #, etc. <b>Suite 201</b>
City & State <b>Clearwater, FL</b>	City & State <b>Clearwater, FL</b>
Zip <b>33756</b>	Country <b>USA</b>

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>52-2368159</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ARSENAULT, KENNETH G JR ARSENAULT &amp; REARDON, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO, FL 33771</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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELTMAN, GREG D 455 N. INDIAN ROCKS RD STE B LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Veltman, Greg D. 1180 Ponce De Leon Blvd, suite 201 Clearwater, FL 33756 <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
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.

**SIGNATURE:**

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

Date

Daytime Phone #

*Greg D. Veltman*

4/26/06