

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020967

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** WATERS HIGHLANDS, L.L.C.

**Current Principal Place of Business:**

**New Principal Place of Business:**

4001 SANTA BARBARA BLVD #240  
NAPLES, FL 34104

**Current Mailing Address:**

**New Mailing Address:**

4001 SANTA BARBARA BLVD #240  
NAPLES, FL 34104

**FEI Number:** 11-3650233      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WATERS, EDWARD J  
4001 SANTA BARBARA BLVD #240  
NAPLES, FL 34104 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: WATERS, EDWARD J  
Address: 4001 SANTA BARBARA BLVD #240  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: WATERS, ANN W  
Address: 4001 SANTA BARBARA BLVD #240  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD J. WATERS

MGRM

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date