

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026466

FILED  
Apr 07, 2005  
Secretary of State

**Entity Name:** WATERFORD LAKES BUILDING ONE, L.L.C.

**Current Principal Place of Business:**

2524 EGMONT KEY WAY  
ORLANDO, FL 32828

**New Principal Place of Business:**

14155 POPCORN TREE COURT  
ORLANDO, FL 32828

**Current Mailing Address:**

2524 EGMONT KEY WAY  
ORLANDO, FL 32828

**New Mailing Address:**

4510 CURRY FORD ROAD  
ORLANDO, FL 32828

**FEI Number:** 41-2064418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHUMWAY, ANDREW C  
2524 EGMONT KEY WAY  
ORLANDO, FL 32828 US

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

SHUMWAY, ANDREW C  
14155 POPCORN TREE COURT  
ORLANDO, FL 32828 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:

04/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WATERFORD LAKES BUIL, DING ONE, L.L. C .  
Address: 2524 EGMONT KEY WAY  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHUMWAY, ANDREW C  
Address: 14155 POPCORN TREE COURT  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW SHUMWAY

MGR

04/07/2005

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