

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032032

1. Entity Name

WATER POINTE REALTY GROUP, LLC



Principal Place of Business

**393 TEQUESTA DRIVE
TEQUESTA, FL 33469**

Mailing Address

**393 TEQUESTA DRIVE
TEQUESTA, FL 33469**



01032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1288305

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EBLE, MARK B
393 TEQUESTA DRIVE
TEQUESTA, FL 33469**

**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

Mark B. Eble

(NOTE: Registered Agent signature required when reinstating)

1/18/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WATER POINTE REALTY GROUP OF JUPITER, INC.
393 TEQUESTA DR.
JUPITER, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WATER POINTE REALTY GROUP OF STUART, INC.
811 E. OCEAN BLVD
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

00000184180
01/24/05-80086-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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

Mark B. Eble

1/18/05

Date

Daytime Phone #

**561
747-3377**