


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90023 008 ****50.00

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
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2. Principal Place of Business 735 Colorado Ave	3. Mailing Address 735 Colorado Ave
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Stuart FL	City & State Stuart FL
Zip 34994	Country USA



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 48-1288305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EBLE, MARK B 393 TEQUESTA DRIVE TEQUESTA, FL 33469	
7. Name and Address of New Registered Agent Name David B. Derpenbacker Street Address (P.O. Box Number is Not Acceptable) 735 Colorado Ave Suite 1 City Stuart FL Zip Code 34994	

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 *David B. Derpenbacker* (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete WATER POINTE REALTY GROUP OF JUPITER, INC. 393 TEQUESTA DR. JUPITER, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete WATER POINTE REALTY GROUP OF STUART, INC. 811 E. OCEAN BLVD STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 735 Colorado Avenue, Suite 1 Stuart, FL 34994
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
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: *David B. Derpenbacker* 4/17/06 772 220-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #