

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032032

FILED
Apr 20, 2007
Secretary of State

Entity Name: WATER POINTE REALTY GROUP, LLC

Current Principal Place of Business:

735 COLORADO AVE STE 1
STUART, FL 34994

New Principal Place of Business:

735 COLORADO AVE
SUITE 1
STUART, FL 34994

Current Mailing Address:

735 COLORADO AVE STE 1
STUART, FL 34994

New Mailing Address:

735 COLORADO AVE
SUITE 1
STUART, FL 34994

FEI Number: 48-1288305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERRENBACHER, DAVID B
735 COLORADO AVE STE 1
STUART, FL 34994 US

Name and Address of New Registered Agent:

DERRENBACHER, DAVID B
735 COLORADO AVE
SUITE 1
STUART, FL 34994 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: DAVID B. DERRENBACHER

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATER POINTE REALTY, GROUP OF JUPITER, INC.
Address: 393 TEQUESTA DR.
City-St-Zip: JUPITER, FL 33469

Title: MGRM () Delete
Name: WATER POINTE REALTY, GROUP OF STUART, INC.
Address: 735 COLORADO AVE STE 1
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID B. DERRENBACHER

MGRM

04/20/2007

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