

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90034 035 ****50.00

DOCUMENT # L02000032354

1. Entity Name
W/B WATERBRIDGE DOWNS GP, LLC



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 1002
MIAMI, FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE 1002
MIAMI, FL 33133

2121 PONCE DE LEON BLVD., #250
CORAL GABLES, FL 33134

2121 PONCE DE LEON BLVD., #250
CORAL GABLES, FL 33134

60036816



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04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1145297

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ET AL PA
% RICHARD E. SCHATZ
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEISER, WARREN
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1002
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGRM
NAME	BROOKS, CAROL
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1002
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

WARREN P. WEISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/26/06

Date

305-854-7342

Daytime Phone #