
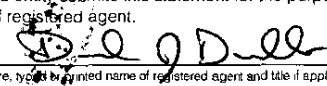
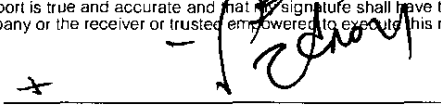


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90024 024 ****50.00

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| DOCUMENT # L03000007287 1. Entity Name WATERLOO, LLC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 300 SOUTH PINE ISLAND ROAD, SUITE 205 PLANTATION, FL 33324 | | | Mailing Address 300 SOUTH PINE ISLAND ROAD, SUITE 205 PLANTATION, FL 33324 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1820 N Corporate Lakes Blvd Suite, Apt. #, etc. 205 City & State Weston, FL Zip 33326 | | 3. Mailing Address 1820 N Corporate Lakes Blvd Suite, Apt. #, etc. 205 City & State Weston, FL Zip 33326 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country USA | | Country USA | | 4. FEI Number 81-0602906 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent DODDO, DAVID 300 SOUTH PINE ISLAND ROAD, SUITE 205 PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name David J Doddo Street Address (P.O. Box Number is Not Acceptable) 300 S. Pine Island Road Suite 256 City Plantation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FL Zip Code 33324 | | | 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  DATE 4-3-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 3, 2004 | | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td> MGRM Bay Pitt, LLC 1820 N. Corporate Lakes Blvd, Suite 205 Weston, FL 33326 </td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | MGRM Bay Pitt, LLC 1820 N. Corporate Lakes Blvd, Suite 205 Weston, FL 33326 | | | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 04/09/04 Daytime Phone # 305.303.3060 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |