

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90019 010 \*\*\*\*50.00

DOCUMENT # L03000007465

1. Entity Name

WATERFORD TRAILS MGI, LLC



Principal Place of Business

15340 JOG ROAD, SUITE 200  
DELRAY BEACH FL 33446

Mailing Address

15340 JOG ROAD, SUITE 200  
DELRAY BEACH FL 33446



2. Principal Place of Business

5350 W. Atlantic Ave  
Suite, Apt. #, etc.  
102

3. Mailing Address

Same as #2

1st MOORE

CR2E083 (10/05)

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

45-0503539

Applied For

Not Applicable

Zip  
33484

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTON, MICHAEL  
15340 JAY ROAD SUITE 200  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5350 W. Atlantic Ave #102

City Delray Beach

FL

Zip Code

33484

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, print or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MORTON GROUP INC  
15340 JOY ROAD SUITE 200  
DELRAY BEACH FL 33446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
5350 W. Atlantic Ave. #102  
Delray Beach, FL 33484 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

DATE

DAYTIME PHONE #

*Michael Morton* MICHAEL MORTON 4/11/06 561 865 9222