

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90351 033 ****50.00

DOCUMENT # L03000016375 1. Entity Name WATERLOO MANAGEMENT SERVICES, LLC					
Principal Place of Business 439 WELLSLEY DR. DAVENPORT, FL 33897			Mailing Address 439 WELLSLEY DR. DAVENPORT, FL 33897		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02082004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 55-0831285				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAPLES-LAWDOCK, INC. C/O QAURLES & BRADY LLP 4501 TAMiami TRAIL NORTH, STE. 300 NAPLES, FL 34103			Name Salvatori & Wood, P.L. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North, Suite 330 City Naples FL Zip Code 34103		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			C. Lane Wood, Managing Member 4/6/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Norman Douglas 439 Wellsley Drive Davenport, FL 33897	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P, -Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louise Douglas 439 Wellsley Drive Davenport, FL 33897	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant V-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Annette Douglas 439 Wellsley Drive Davenport, FL 33897	
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/6/04 (843) 420-1827 <small>Date Daytime Phone #</small>		

Norman Douglas, President