

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016375

FILED
Apr 25, 2005
Secretary of State

Entity Name: WATERLOO MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

439 WELLSLEY DR.
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

439 WELLSLEY DR.
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 55-0831285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMiami TRAIL NORTH, STE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CENTRAL FLORIDA VISA GROUP, INC.
2800 WINTER LAKE ROAD
LAKELAND, FL 33803 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: DOUG HALL

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PT () Delete
Name: DOUGLAS, NORMAN
Address: 439 WELLSLEY DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: VPS () Delete
Name: DOUGLAS, LOUISE
Address: 439 WELLSLEY DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: VP () Delete
Name: DOUGLAS, ANNETTE
Address: 439 WELLSLEY DRIVE
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOUGLAS, NORMAN
Address: 439 WELLSLEY DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: MGR (X) Change () Addition
Name: DOUGLAS, LOUISE
Address: 439 WELLSLEY DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: MGR (X) Change () Addition
Name: DOUGLAS, ANNETTE
Address: 439 WELLSLEY DRIVE
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMAN DOUGLAS

MGRM

04/25/2005

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