


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 05, 2004 8:00 am
Secretary of State

03-23-2004 90071 019 ****50.00

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DOCUMENT # L03000018435					
1. Entity Name GROUP FOUR WATERWAY PROPERTIES B, LLC					
Principal Place of Business 30 COLLINGTON COURT PALM COAST, FL 32137			Mailing Address 30 COLLINGTON COURT PALM COAST, FL 32137		
2. Principal Place of Business <i>20 CEDAR HOLLOW CT.</i>			3. Mailing Address <i>20 CEDAR HOLLOW CT.</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>PALM COAST FL</i>		City & State <i>PALM COAST, FL</i>		4. FBI Number <i>54-2110463</i>	
Zip <i>32137</i>		Country <i>USA</i>		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	
GUILLOTTO, ANTHONY 30 COLLINGTON COURT PALM COAST, FL 32137				Name <i>ANGELA PAGE</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>20 CEDAR HOLLOW CT.</i>	
				City <i>PALM COAST</i>	
				State <i>FL</i>	
				Zip Code <i>32137</i>	
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 <i>Angela Page (ANGELA PAGE)</i> DATE <i>3/16/04</i>					
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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUILLOTTO, ANTHONY		NAME		
STREET ADDRESS	30 COLLINGTON COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUILLOTTO, MARYANNE		NAME		
STREET ADDRESS	30 COLLINGTON COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOTTINGER, RICHARD & ROSE		NAME		
STREET ADDRESS	25 SAN MARCO COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAGE, RONALD/ ANGELA		NAME		
STREET ADDRESS	20 CEDAR HOLLOW COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUCKHABER, WILLIAM & RONI		NAME		
STREET ADDRESS	63 RAEMONT ROAD		STREET ADDRESS		
CITY-ST-ZIP	GRANITE SPRINGS, NY 10527		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Angela Page - ANGELA PAGE</i>				Date: <i>3/16/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone: <i>386-447-6864</i>	