


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020839	
1. Entity Name WATER & OAKS REAL ESTATE, LLC	

Principal Place of Business 455 NORTH INDIAN ROCKS ROAD, SUITE A BELLEAIR BLUFFS, FL 33770	Mailing Address 455 NORTH INDIAN ROCKS ROAD, SUITE A BELLEAIR BLUFFS, FL 33770
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03042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2113173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PLATTE, DAVID E 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOWERS PLATTE, LAUREN 455 NORTH INDIAN ROCKS ROAD, SUITE A BELLEAIR BLUFFS, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARDOLINO, SHIRLEY L 455 NORTH INDIAN ROCKS ROAD, SUITE A BELLEAIR BLUFFS, FL 33770
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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: Lauren Bowers Platte 3/24/05 727-463-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #