## 11

## FILED May 02, 2005 8:00 am Secretary of State

2005 LIMITED LIABILITY COMPAI ANNUAL REPORT	NY

ANNUAL REPURI					_	occietary or state			
DOCUMENT # L03000024326  1. Entity Name WATERMILL TOWNHOMES, LLC						05-02-2005 90106 020 ****50.00			
Principal Plac	e of Business	Mailing Address			7	401	U52431		
6215 WILSON BLVD. 6215 WILSO			5 WILSON BLVD. SONVILLE, FL 32210						
							<b>                                    </b>		
2. Principal Place of Business 3. Mailing Ad									
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	#, etc.		04262005	Chg-LLC	CR2E083 (10/03	)	
City & State		City & State		4. FEI Number	er <del>DFOR-</del> 27 <i>-6</i>		Applied For Not Applicable		
Zip	Country	Zíp	Coun	try	5. Certificate	of Status Desired	□ \$5.00 Ac Fee Requir		
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered Agent		
STONEBU	RNER, GRESHAM R			Name					
841 PRUDENTIAL DRIVE, SUITE 140 JACKSONVILLE, FL 32207				Street Address	(P.O. Box Numb	er is Not Acceptable	o) 		
				City		·	FL Zip Co	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo	rida. 1 am familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent on	d title if applicable. (NOTE	: Registere	d Agent signature requir	ed when reinstating)		DATE		
.,		·							
Filing Fee is \$50.00 Due by May 1, 2005							e check payable to Department of Sta		
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE			TITL	1			Change	Addition	
NAME	TWT DEVELOPMENT CORPORA 6215 WILSON BLVD.	TION	NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32210			-ST-ZIP					
TITLE		☐ Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS			NAM STRI	EET ADDRESS					
CITY-\$T-ZIP			_	-ST-ZIP			<b>□</b> 25		
TITLE NAME	☐ Delete TITI		TITL NAM				☐ Change	: ☐ Addition	
STREET ADORESS				EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP			<del></del>		
TITLE		☐ Delete TIT					Change	Addition	
NAME STREET ADDRESS			NAM STRI	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	īm				☐ Change	Addition	
NAME			NAM	IE EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				1	
TITLE		☐ Delete	īm	<del></del>			☐ Change	Addition	
NAME			NAM	-			<b>-</b>	_	
STREET ADDRESS				EET ADDRESS					
CITY-\$1-ZIP	continue that the information as a stind with the	this filing door not white to		r-ST-ZIP	Section 110 07/01	(i) Florido Statuto-	I further portify that the	information	
11. I hereby certify that the information supplied with this filing does not durilify 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: X

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

Date

Despired Proce #