## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000025596

1. Entity Name



**FILED** Aug 27, 2008 8:00 am Secretary of State 08-27-2008 90029 002 \*\*\*143.75

WATERPOINT INVESTMENT, LLC					<b>)</b>			
Principal Place of Business 7801 NW 72ND AVENUE MEDLEY, FL 33166 US		Mailing Address %CANTERA & ASSOCIATES 2300 CORAL WAY, SUITE #200 MIAMI, FL 33145 US			6004672	۲		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
					08182008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number Applied For 55-0850826 Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$5.00 Add	litional d
	6. Name and Address of Currer	nt Registered Agent			7. Name an	Address of New R	egistered Agent	
CORPORA	TE PROCESS SERVICES		Name					
2300 CORAL WAY MIAMI, FL 33145			Street Address		s (P.O. Box Numb	er is Not Acceptable	e) 	
	÷.		_	-	<del></del>			_
	_ <u></u>			City			FL Zip Cod	e 
	named entity submits this statement ons of registered agent.	for the purpose of changing its r	registered	office or regis	itered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE,.	Signature, typed or printed name of registered age	ini and title if applicable. (NOTE:	: Registered A	gent signature requ	ired when reinstating)		DATE	<del></del>
	NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no		the limited notice.	e limited Make check payable to tice. Florida Department of State			
9.	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS	KAMVAR, MOHAMMAD NA 7801 NW 72ND AVENUE STE			ADDRESS	<del>I</del> NAGER		X Change	Addition
CITY-ST-ZIP	MEDLEY, FL 33166		CITY-ST	T - ZIP	<del></del>	<del></del>	Charge	- Lagran
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE			TITLE	,	<del></del>		Change	☐ Addition
NAME			NAME					
STREET ADDRESS City-St-zip			STREET .	ADDRESS T-ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S1	†-Z!P				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
name Street address			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST	ı ı				
TITLE		☐ Delete	TITLE		_		☐ Change	Addition
NAME STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP	_		CITY-ST					
11. I hereby of indicated limited lia	certify that the information supplied won this report is true and accurate a bility company or the receiver of trus	rith this filing does not qualify for not that my signature shall have t tee empowered to execute this r	the exemp the same is report as re	ptions contain legal effect as equired by Ch	ed in Chapter 119 if made under oa apter 608, Florida	, Florida Statutes. I fu h; that I am a manag Statutes.	urther certify that the info ging member or manage	ormation er of the