2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026662

1. Entity Name
WATERS EDGE PROPERTIES, LLC



FILED Apr 20, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

140B NORTH ONE DRIVE ST. AUGUSTINE, FL 32095 140B NORTH ONE DRIVE ST. AUGUSTINE, FL 32095



01262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 55-0841221

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

(904) **823-1900**

5. Name and Address of Current Registered Agent

KILLEBREW, JESSE 140B NORTH ONE DRIVE ST. AUGUSTINE, FL 32095

SIGNATURE:

SIGNATURE AND TYPED OF

Jesse Killebrew, Manager

DO NOT WRITE IN THIS SPACE

the obligations of registered agent. SIGNATURE				
	Signature, typed or printed name of registered agent and title if applicable.	('IOTE, Registered	Agent signature required when remistating)	DATE
Fi D	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			-
TITLE MAME STREET ADDRESS PIX-TID	MGRM KILLIBREW, JESSE 140 B NORTH ONE DRIVE SAINT AUGUSTINE, FL 32095			U00000318748 4/20/05-80070-021 50.00
HITLE NAME STREET ADDRESS CHTY-ST-ZIP	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	
THEE NAME STREET ADDRESS 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)(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 of the receiver of pushed empowered to execute this report as required by Chapter 608. Florida Statutes.				

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE