2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State

DOCUMENT # L03000027770 1. Entity Name WATER VIEW INVESTMENT PROPERTIES, LLC					02-28-2007 9014					50.00
Principal Place	e of Business	Mailing Address				26,19,19,5				
4250 CENTRAL AVE SAINT PETERSBURG, FL 33711		4250 CENTRAL AVE SAINT PETERSBURG, FL 33711			(ita 66 (1 4 118 1) (1 9 1)		ari ((1 169)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02222007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State				4. FEI Number 20-014	· <u>-</u>			plied For t Applicable
Zip	Country	Zip	Count	ry		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current I	Registered Agent	istered Agent Name			7. Name and	Address of New F	Registered A	gent	
BRUNSON, JOHN M ESQ.										
4250 CENT SAINT PET	TRAL AVE TERSBURG, FL 33711		Street Address			P.O. Box Number is Not Acceptable)				
				City FL Zip Code						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	ling Fee Is \$50.00 ue by May 1, 2007						ke check pa a Departme	-	,	
9.	MANAGING MEMBERS/MANAGERS						ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOOTZ, MATTHEW T 4389 LIBERTY STREET PORT CHARLOTTE, FL 33948	DOTZ, MATTHEW T NA 89 LIBERTY STREET ST		T ADORESS ST-ZIP	mc 43 57	potz,no 50 G	nathrey cotral A sburg, F	ST. Pvenu 1 33	Change Q 711	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUNSON, JOHN M 4250 CENTRAL AVE			T ADDRESS : ST-Z#P			 		Change	☐ Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		STREE	THILE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+S1-ZIP		□ Delete		T ADDRESS ST-ZIP					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-2IP	pertify that the information supplied with	Delete	CITY-	T ADDRESS ST-ZIP	nataio a al	is Chapter 110	Elected Contract 15		☐ Change	Addition

I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Manager SIGNATURE AND THEE OR PRINTED HAND OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

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