2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000028684

1. Entity Name

RM-NA HB WATERWAY SHOPPES, LLC



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328

3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.0 Fee F	Additional uired

6. Name and Address of Current Registered Agent

MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

APR 27 2007

Daytime Phone #

	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstalling)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RM-NA HB DEVELOPMENT, LLLP 3325 S. UNIVERSITY DRIVE, 210 DAVIE, FL 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000751874 D5/18/07-80121-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sh billity company of the receiver of trustee empowered to execu-	all have the same legal effect as if made under oath, that	t I am a managing member or manager of the

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