

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000028792

**1. Entity Name
WATERFORD STERLING, LLC**



**Principal Place of Business
11637 ORPINGTON ST.
ORLANDO, FL 32817 US**

**Mailing Address
11637 ORPINGTON ST.
ORLANDO, FL 32817 US**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0133238**

**Applied For
Not Applied**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARTIN, JEFFREY D
11637 ORPINGTON ST.
ORLANDO, FL 32817**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TEDROW, THOMAS L
200 S. KNOWLES AVE.
WINTER PARK, FL 32789**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
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CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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01/13/06-80028-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

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

1/5/06

Date

407-207-0400

Daytime Phone #