


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90339 023 \*\*\*\*50.00

**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
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40097678



**DO NOT WRITE IN THIS SPACE**

03082007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0133238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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 <del>200 S. KNOWLES AVE.</del> 1001 BONITA DR. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Jeffrey Martin      **JEFFREY MARTIN**      4-24-07      407-207-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #