2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WEMBER, MANAGER, OR AUTH

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # L03000029975 1. Entity Name WATERFORD WATERFRONT BUILDING B, LLC						04-15-2005 9	90023 015 ***	**50.0	00
Principal Place of Business 333 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285 Mailing Address 333 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285						IBIBS IIW BBU!! BÊMI BB!!!	ı sarın ifarn leme talın la	FOO! OKOR	() 89 I 4
2. Principal P	tace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182005	Chg-LLC	CR2E083 (10/	/03)		
. City & State		City & State			4. FEI Number 56-2386				ied For Applicable
Zip	Country	Zip Coun		try	5. Certificate of Status Desired \$5.00 Addition Fee Required			onal	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent Name						
MILLER, MICHAEL W 333 SOUTH TAMIAMI TRAIL, SUITE 101				Street Address (P.O. Box Number is Not Acceptable)					
VENICE, F	L 34285								
				City	FL Zip Code				-
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 a	od tria denoipopia (NOTE	- Den stere	d Ageni signsture required	(notational nadul		DATE		
	Signature, typed or printed name of registered agent a	ла же в аррисарів. (NOTE	; negistele	d Affert adjustme restme	i wien realstating)		DATE		-
Fi Di	ling Fee Is \$50.00 ue by May 1, 2005					e check payable Department of			
9.	MANAGING MEMBERS/MANAGERS 10					ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			į.			☐ Cha	inge	Addition
TITLE NAME STREET ADDRESS	☐ Delete		TITL NAM	Ε			☐ Cha	inge	☐ Addition
CITY-ST-ZIP				-ST-ZIP					
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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 or the receiver of muster empowed to execute this report as required by Chapter 608, Florida Statutes.									

ORIZED REPRESENTATIVE

Date

Davame Phone #