

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90046 036 ****50.00



DOCUMENT # L03000031747
 1. Entity Name
 90 WATERCOLOR BLVD. EAST, LLC

Principal Place of Business
 201 SMOLIAN CIRCLE
 SEA SIDE, FL 32549

Mailing Address
 112 BENEFIT STREET
 PROVIDENCE, RI 02906

PROVINCIO



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 48 N. Court, Unit 3
 Suite, Apt. #, etc.

05262004 Chg-LLC CR2E083 (10/03)

City & State
 Providence, RI 02906

4. FEI Number
 20-0215494

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCIARRETTA, STEVEN
 2300 GLADES ROAD #302 EAST
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *BC Walters* *5/11/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #