


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90036 010 \*\*\*\*50.00

<b>DOCUMENT # L03000031747</b> 1. Entity Name 90 WATERCOLOR BLVD. EAST, LLC					
Principal Place of Business 201 SMOLIAN CIRCLE SEA SIDE, FL 32549			Mailing Address 48 N COURT UNIT 3 PROVIDENCE, RI 02906		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 48 N. Court Suite, Apt. #, etc. Unit 3			
City & State		City & State Providence, RI 02903		4. FEI Number 20-0215494	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SCJARRETTA, 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 <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALTERS, BEVERLY C 48 N CT UNIT 3 PROVIDENCE, RI 02906		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Walters, Beverly C. 48 N. Court Unit 3 Providence, RI 02903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b> <i>BC Walters</i>			401529 9233 <i>BC Walters</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		