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

Principal Place of Business

201 SMOLIAN CIRCLE

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mailing Address

48 N COURT

FILED May 24, 2006 8:00 am Secretary of State 05-24-2006 90036 010 ****50.00

SEA SIDE, FL 32549		unit 3 Providence, ri 02906			E AN INCOMENTAL AND A REAL PROPERTY OF A REAL PROPE		1013 00100 (1901 (10	010 100012 001012 001	R B B I JA 1001	
2. Principal Place of Business		3. Mailing Address 48 N. Court								
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 3			04262006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State Providence,	RI (02903	4. FEI Numb 20-02				plied For Applicable	
Zip	Country	Zip	Country		5. Certificat	e of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent						
SCIARRETTA, STEVEN 2300 GLADES ROAD #302 EAST BOCA RATON, FL 33431		Name Street Address ((P.O. Box Number is Not Acceptable)						
	. "		City			FL Zip Code				
8. The above the obligat	named entity submits this statement i ions of registered agent.	or the purpose of changing its	registered of	fice or register	red agent, or b	oth, in the State of F	lorida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	d and the if applicable (NOTE	- Registered Agen	t signature required	tuben reinstaling)		DATE			
	ang alars, tipes of prints name of registered sys-		. negistered Agen	ir siğlistara redasiya	a wonders radia declaritoring (-		<u></u> ,		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State					
9.	MANAGING MEME	ERS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM WALTERS, BEVERLY C	Delete	TITLE	MG		D		XXChange	Addition	
STREET ADDRESS 48 N CT UNIT 3 CITY-ST-ZIP PROVIDENCE, RI 02906			STREET ADDR CITY-ST-ZIP		N. Cou	Beverly art Unit	3			
TITLE		Delete	TITLE	Pr(oviden	:e, RI 0	2903	🗋 Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADD							
CITY-ST-ZIP TITLE			CITY-ST-ZIP							
NAME		Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADD CITY-ST-ZU							
TITLE		Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADD	DRESS						
CITY-ST-ZIP			CITY-ST-Z							
TITLE		Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADD	DRESS					:	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-Z							
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: DWalters) 1706 BWalters										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Data Dayone Phone #										