


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L03000031747
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 02903
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0215494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

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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 WALTERS, BEVERLY C 48 N CT UNIT 3 PROVIDENCE, RI 02903
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05/29/07-80017-022 50.00

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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: B. C. Walters Date: Jan. 1, 2007 Daytime Phone #: 401 351-1369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE