


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 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

**DO NOT WRITE IN THIS SPACE**



03182008No Chg-LLC CR2E083 (12/07)

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000882811  
 04/16/08-80054-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALTERS, BEVERLY C
STREET ADDRESS	48 N CT UNIT 3
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Walters* 1/1/08 401-529-9233  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #