2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000032657

1. Entity Name
WATERS EDGE LLC

Principal Place of Business	Mailing Address
719 N. OCEAN BLVD. DELRAY BEACH, FL 33483 US	719 N. OCEAN BLVD. DELRAY BEACH, FL 33483 US

03302006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0391285
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KORNFELD, STEPHEN H
719 N OCEAN BLVD
DELRAY BEACH, FL 33483

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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 _____ 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 May 1, 2006

000005185988
05/02/06-80019-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KORNFELD ASSOCIATES INTERNATIONAL, INC.
STREET ADDRESS	719 N. OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	KORNFELD, STEPHEN
STREET ADDRESS	719 W. OCESN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: S. Kornfeld 4/16/06 5612782448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #