

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED** 198  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035100**

1. Entity Name  
**WATER VIEW, LLC**



Principal Place of Business  
**328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250**



02172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**45-0523988**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOWE, ANDREW M MGR PTN  
328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000493096  
04/19/06-80092-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HOWE, ANDREW M MGR
STREET ADDRESS	328 2ND AVENUE NORTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	MGR
NAME	RICHART, JEFFREY C MGRM
STREET ADDRESS	328 2ND AVENUE NORTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
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:

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

2/22/06

Date

904-270-0870

Daytime Phone #