

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000047359

1. Entity Name
WABASSO OCEANAIRE VILLAS, L.L.C.



Principal Place of Business
**270 HAMMOCK SHORE DR.
MELBOURNE BEACH, FL 32951**

Mailing Address
**C/O JAMES BATES
270 HAMMOCK SHORE DR.
MELBOURNE BEACH, FL 32951**



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0132280

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATES, JAMES
270 HAMMOCK SHORE DR.
MELBOURNE BEACH, FL 32951**

**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 \$60.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AQUARINA SALES, INC.
270 HAMMOCK SHORE DR.
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRED JORGE, INC.
2600 CROOKED ANTLER DR.
MELBOURNE, FL 32934**

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

U000000590869
01/18/07-80073-013 50.00

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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

1/15/07

Date

321-780-1336

Daytime Phone #