

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050050

Entity Name: WATERSONG-49 LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

8525 NW 53RD TERRACE, 105
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268658
WESTON, FL 33326 US

New Mailing Address:

8525 NW 53RD TERRACE, 105
MIAMI, FL 33166 US

FEI Number: 90-0125714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, LORETTA A
3515 WINDMILL RANCH ROAD
WESTON, FL 33331 US

Name and Address of New Registered Agent:

POWELL, ARNOLD
8525 NW 53RD TERRACE, 105
MIAMI, FL 33166 US

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.

SIGNATURE: ARNOLD POWELL

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALLAGHER, LORETTA A
Address: 3515 WINDMILL RANCH ROAD
City-St-Zip: WESTON, FL 33331 US

Title: MGR () Delete
Name: GALLAGHER, ROBERT L
Address: 3515 WINDMILL RANCH ROAD
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALLAGHER, LORETTA A
Address: 701 S OLIVE AVE #2113
City-St-Zip: WPB, FL 33401 US

Title: MGR (X) Change () Addition
Name: GALLAGHER, ROBERT L
Address: 701 S OLIVE AVE #2113
City-St-Zip: WPB, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORETTA GALLAGHER

MGR

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date