

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90036 019 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000053947 1. Entity Name WATEREDGE PROPERTIES, LLC.																																	
Principal Place of Business 1650 N.E. 26TH STREET SUITE A WILTON MANORS FL 33305 US			Mailing Address 1650 N.E. 26TH STREET SUITE A WILTON MANORS FL 33305 US																														
2. Principal Place of Business Suite, Apt. #, etc. Suite 105		3. Mailing Address Suite, Apt. #, etc. Suite 105																															
City & State Zip Country		City & State Zip Country		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BERLINER, IRWIN 1650 N.E. 26TH STREET SUITE A WILTON MANORS FL 33305																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 105 City FL Zip Code				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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004				DATE																													
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete</td> </tr> <tr> <td>NAME</td> <td>BERLINER, IRWIN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1650 N.E. 26TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WILTON MANORS FL 33305</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	BERLINER, IRWIN	<input type="checkbox"/>	STREET ADDRESS	1650 N.E. 26TH STREET		CITY - ST - ZIP	WILTON MANORS FL 33305		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change</td> <td style="width: 40%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	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 exemption stated in Section 119.07(3)(l), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4-8-04 954-561-4299 <small>Date Daytime Phone #</small>																													