2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 01, 2006 08:00 AM DOCUMENT # L03000053947 Secretary of State 1. Entity Name WATEREDGE PROPERTIES, LLC. Principal Place of Business Mailing Address 1650 N.E. 26TH STREET 1650 N.E. 26TH STREET STE 105 WILTON MANORS FL 33305 WILTON MANORS FL 33305 2. Principal Place of Business 3. Maikng Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applica Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERLINER, IRWIN Street Address (P.O. Box Number is Not Acceptable) 1650 N.E. 26TH STREET **STE 105** WILTON MANORS FL 33305 6. 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 according to the changing its registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typind or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ A.:. NAME NAME U0000045144n BERLINER, IRWIN 03/10/06-80054-001 50.00 STREET ADDRESS 1650 N.E. 26TH STREET STREET ADDRESS CITY-ST-ZIP CCTY-ST-70P WILTON MANORS FL 33305 ☐ Change ☐ Add mt€ ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C117-51-21P CITY - ST - ZIP TITLE Delete TITLE ☐ Change 日紅 NAATE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change TITLE □ Delete THEF .∏ Aár NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CKTY-ST-ZIP TITLE ☐ Delete TITLE Change □ MC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change D A-4 TITLE ☐ Delete THE MAME MAME STREET ADDRESS STREET ADURESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 till filmited flability company or the receiver or prostee en powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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