

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

04-12-2005 90021 016 ****50.00

DOCUMENT # L04000009656					
1. Entity Name WATER'S EDGE CONDOMINIUMS, LLC					
Principal Place of Business 6 FAIRFIELD BLVD, STE 3 PONTE VEDRA BEACH, FL 32082			Mailing Address 6 FAIRFIELD BLVD, STE 3 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0708827				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
F&L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Makes check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MANAGING MEMBER JACKSONVILLE BEACH CONDOMINIUMS, LLC 6 FAIRFIELD BLVD, STE 3 PONTE VEDRA BEACH, FL 32082		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 609, Florida Statutes.					
SIGNATURE: <u>JACKSONVILLE BEACH CONDOMINIUMS, MANAGING MEMBER</u> <u>BY LESTER GARRINEE, SR VICE PRES.</u> <u>4/9/05</u> <u>904 280 4004</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					