2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2007 8:00 am

1. Entity Nam WATERS	SIDE AT LA CITA, LLC						ary 01 7 90028 023 *		
2479 ALOM/	e of Business A AVENUE K, FL 32790	Mailing Address 2479 ALOMA AVENUE WINTER PARK, FL 32790			1 16 6 11 11 11	II Ba iri Ba irii Ba iri Ba iri	1677 4676) (166 JJ	48 Min 2 225 0 Mi 1 70 1	
	Place of Business - No P.O. Box# W. Morse Blod.	3. Mailing Address PO Box 1748 Suite, Apt. #, etc.							
Ste	101				04042007	Chg-LLC	CR2E083 (<u>, , , , , , , , , , , , , , , , , , , </u>	
City & State		Winter Par		-	4. FEI Numb	-		Applied For Not Applicab	_
327 8	39 Country	32790	Country			e of Status Desired	Fee	00 Additional Required	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	d Address of New	v Registered Agen	<u>t</u>	
2479 ALO	M GARDNER MA AVENUE PARK, FL 32792		Street.	Address (I	P.O. Box Numb	per is Not Accepta	ble)		
VVIIV1 L10 7	AIN, 1 L 32/32		SI	ع از) l				
			City		rlark	<u></u>		32789	
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 Fiorida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Fi D	lling Fee is \$50.00 ue by May 1, 2007						ake check payat Ida Department d		
9. TITLE	MANAGING MEMBER	RS/MANAGERS Delete	10.	1		ADDITION	IS/CHANGES	Change	
NAME STREET ADDRESS	GARDNER, JOSEPH J 2479 ALOMA AVENUE	L Desete	NAME Street address	400	ν W. Μς	rse Blu	d, Stell		IUII
CITY-ST-ZIP TITLE	MINTER PARK, FL 32792 MGR	Delete	CITY-ST-ZIP	Wind	ter Parl	L, FL		Change	ion
NAME STREET ADDRESS CITY-ST-ZIP	GARDNER, ROBERT N 2479 ALOMA AVENUE		NAME STREET ADDRESS	400	o w. ma	orse Blu	d. Stell	-	
TITLE	MOR MGR	Delete	CITY-ST-ZIP	Mint	er far	C,FL 3		Change	ion
NAME Street address	GARDNER, ANDREW M 2479 ALOMA AVENUE		name Street address	400	W. No	rse Blvd	c, ste 101		
CiTY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Wint	er Par	K, FL	<u>32789</u>		
NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, CHRISTOPHER J 2479 ALOMA AVENUE	☐ Delete	NAME STREET ADDRESS	400	m. Mo	rse end -k, FL =	_	Change 🔲 Additio	ion
TITLE NAME STREET ADDRESS	WNTER PARK, FL 32792	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Wir	iter Pau	-K, FL ?		Change	ion
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change 🔲 Additio	ion
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 readired by Chapter 608, Florida Statutes									
SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Priore #									
	STORTIONS AND TIPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OK AUTHORIZI	EU KEPKESE	MIAIIYE	Date	Daytime	PTIONE #	