


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 007 ****50.00

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|--------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000022094 | |  |
| 1. Entity Name WATERWAY INVESTMENT PROPERTIES, LLC | | |

| | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711 | Mailing Address 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

| | | | |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02222007 Chg-LLC CR2E083 (12/06)

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|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number 20-1059160 | | 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 BRUNSON, JOHN MORGAN ESQ 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------------------------------------|--------------------------------------------------------------|
| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|-----------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BRUNSON, JOHN MORGAN 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR FITZGERALD, SARAH E 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 required by Chapter 608, Florida Statutes.

SIGNATURE: John Morgan Brunson Manager 2/28/07 727-828-0580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #