


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000022094 1. Entity Name WATERWAY INVESTMENT PROPERTIES, LLC	
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Principal Place of Business 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711	Mailing Address 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711
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04162008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1059160	Applied For 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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re/instating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936939
 05/27/08-80030-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRUNSON, JOHN MORGAN 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FITZGERALD, SARAH E 4250 CENTRAL AVE SAINT PETERSBURG, FL 33711
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 Brunson John Brunson 4/18/08 / 727-828-0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #