
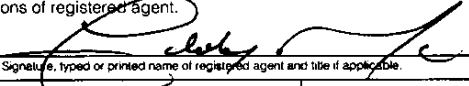
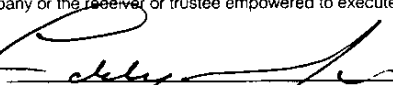


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90195 047 ****50.00

DOCUMENT # L04000036742 1. Entity Name WATERMEN-EQUESTRIAN CLUB, LLC					
Principal Place of Business 8045 NW 155 STREET MIAMI LAKES, FL 33016			Mailing Address 8045 NW 155 STREET MIAMI LAKES, FL 33016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1127743	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 3/20/07 </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, EDDY 8045 NW 155 ST HIALEAH LAKES, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAIZGRUN, DAVID 8045 NW 155 ST HIALEAH LAKES, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAIZGRUN, DAVID 8045 NW 155 ST HIALEAH LAKES, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAIZGRUN, DAVID 8045 NW 155 ST HIALEAH LAKES, FL 33016	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAIZGRUN, DAVID 8045 NW 155 ST HIALEAH LAKES, FL 33016	<input type="checkbox"/> Delete			
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:  <div style="float: right; text-align: right;"> Manager 3/19/07 305-528-0103 <small>Date Daytime Phone #</small> </div>					

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