



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90058 034 ***138.75

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 # <u>265 Sevilla Ave</u>		3. Mailing Address <u>265 Sevilla Ave</u>		<div style="font-size: 2em; font-family: cursive;">60030817</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Coral Gables, FL</u>		City & State <u>Coral Gables, FL</u>			
Zip <u>33134</u>		Country <u>USA</u>		4. FEI Number 20-1127743	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		04182008 Chg-LLC CR2E083 (12/06)	
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 <u>Garcia, Eddy</u> Street Address (P.O. Box Number is Not Acceptable) <u>265 Sevilla Ave</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33134</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE <u>4/18/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, EDDY 8045 NW 155 ST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Garcia, Eddy 265 Sevilla Ave Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAIZGRUN, DAVID 8045 NW 155 ST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kraizgrun, David 265 Sevilla Ave Coral Gables, FL 33134	<input checked="" 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	
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	
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	
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: <u>[Signature]</u> <u>Manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/18/08</u> Daytime Phone # <u>305-448-9442</u>	