

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045086

1. Entity Name
WATERPARK COMMERCIAL LEASING, L.C.



Principal Place of Business
1500 MIRACLE STRIP PKWY
FT WALTON BEACH, FL 32548

Mailing Address
1500 MIRACLE STRIP PKWY
FT WALTON BEACH, FL 32548

2. Principal Place of Business - No P.O. Box #
1320 Miracle Strip Pkwy
Suite, Apt. #, etc.
Ste 400

3. Mailing Address
1320 Miracle Strip Pkwy
Suite, Apt. #, etc.
Ste 400

City & State
Ft Walton Beach, FL
Zip
32548
Country
OKalooosa

City & State
Ft Walton Beach, FL
Zip
32548
Country
OKalooosa

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1293746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L.
4001 TAMiami TRAIL NORTH, STE 330
NAPLES, FL 34103

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TOLBERT, FRED E III
1500 MIRACLE STRIP PKWY
FT WALTON BEACH, FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Tolbert, Fred E III
1320 Miracle Strip Pkwy, Ste 400
Ft Walton Beach, FL 32548 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
800103733578
06/01/07--01015--026 **250.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Fred E Tolbert III 4/18/07 850-862-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

07 MAY 22 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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