


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90044 009 \*\*\*\*50.00

<b>DOCUMENT # L04000047997</b>	
1. Entity Name <b>WATERVILLE GROUP LLC</b>	

Principal Place of Business <b>565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441</b>
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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

4000



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>05-0604957</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FARNELL, JOSEPH C 565 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441</b>	
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7. Name and Address of New Registered Agent	
Name <b>EDWARD MASI</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>565 EAST HILLSBORO BLVD</b>	
City <b>DEERFIELD BEACH</b>	FL Zip Code <b>33441</b>

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 <b>Edward Masi</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>04-26-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GENESIS WATERVILLE LLC 565 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441</b> <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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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: <b>Edward Masi</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>EDWARD MASI</b> <small>Date</small>	<b>04-26-07</b> <small>Daytime Phone #</small>	<b>954-421-4200</b>
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