
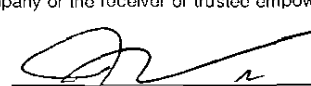


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 039 ****50.00

DOCUMENT # L04000057951 1. Entity Name WATER'S EDGE REALTY/ST. LUCIE WEST, LLC					
Principal Place of Business 600 VILLAGE SQUARE CROSSINGS PALM BEACH GARDENS FL 33410			Mailing Address 600 VILLAGE SQUARE CROSSINGS PALM BEACH GARDENS FL 33410		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2586438	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLITMEN, LAWRENCE S P.A. 2200 NORTH COMMERCE PARKWAY, SUITE 206 WESTON FL 33326 <i>corrected spelling & address</i>				7. Name and Address of New Registered Agent Name Klitzmen, Lawrence S PA Street Address (P.O. Box Number is Not Acceptable) 13798 NW 4th St Suite 308 City Sunrise FL Zip Code 33325	
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SCHIFF, THEODORE A 600 VILLAGE SQUARE CROSSING PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Theodore A. Schiff, MD 7/26/07 561-694-9493 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					