

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90022 028 \*\*\*138.75

**60038347**



04302008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000070666</b> 1. Entity Name <b>WATERFORD LAKE VISTA, LLC</b>					
Principal Place of Business <b>THE TANDEM CENTER - SUITE 101</b> <b>333 TAMiami TRAIL SOUTH</b> <b>VENICE, FL 34285 US</b>			Mailing Address <b>THE TANDEM CENTER - SUITE 101</b> <b>333 TAMiami TRAIL SOUTH</b> <b>VENICE, FL 34285 US</b>		
2. Principal Place of Business - No P.O. Box # <b>333 South Tamiami Trail</b>		3. Mailing Address <b>333 South Tamiami Trail</b>			
Suite, Apt. #, etc. <b>Suite 203</b>		Suite, Apt. #, etc. <b>Suite 203</b>			
City & State <b>Venice, FL</b>		City & State <b>Venice, FL</b>			
Zip <b>34285</b>	Country <b>US</b>	Zip <b>34285</b>	Country <b>US</b>	4. FEI Number <b>20-1695123</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MILLER, MICHAEL W</b> <b>THE TANDEM CENTER - SUITE 101</b> <b>333 TAMiami TRAIL SOUTH</b> <b>VENICE, FL 34285</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>333 South Tamiami Trail, Suite 203</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34285</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  (NOTE: Registered Agent signature required when reinstating) DATE <b>5/1/08</b>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MILLER, MICHAEL W</b> <b>333 TAMiami TRAIL SOUTH - SUITE 101</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>333 South Tamiami Trail, Suite 203</b> <b>Venice, FL 34285</b>	
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	
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:			Date <b>5/1/08</b> Daytime Phone # <b>941 441 1651</b>		