

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2008 90023 047 \*\*\*138.75

**DOCUMENT # L04000080650**

1. Entity Name  
**WATERFORD AT PINEBROOK PRESERVE, LLC**



Principal Place of Business  
**333 TAMiami TRAIL SOUTH  
SUITE 101  
VENICE, FL 34285 US**

Mailing Address  
**333 TAMiami TRAIL SOUTH  
SUITE 101  
VENICE, FL 34285 US**

**60038354**



2. Principal Place of Business - No P.O. Box #  
**333 South Tamiami Trail**  
Suite, Apt. #, etc.

3. Mailing Address  
**333 South Tamiami Trail**  
Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

Suite 203  
City & State  
**Venice, FL**  
Zip Country  
**34285 US**

Suite 203  
City & State  
**Venice, FL**  
Zip Country  
**34285 US**

4. FEI Number  
**20-1845808**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL W  
333 TAMiami TRAIL SOUTH  
SUITE 101  
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**333 South Tamiami Trail, Suite 203**  
City **Venice** FL Zip Code **34285**

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 **5/1/08**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MILLER, MICHAEL W  
333 TAMiami TRAIL SOUTH  
VENICE, FL 34285** ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**333 South Tamiami Trail, Suite 203  
Venice, FL 34285** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

DATE **5/1/08** DAYTIME PHONE # **9414411651**