

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90102 001 ***250.00

DOCUMENT # L04000084941	
1. Entity Name WATER'S EDGE DEVELOPMENT COMPANY, LLC	



Principal Place of Business 5055 NORTH A1A VERO BEACH, FL 32963	Mailing Address 5055 NORTH A1A VERO BEACH, FL 32963
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30011992



2. Principal Place of Business 622 Beachland Blvd		3. Mailing Address 622 Beachland Blvd	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32963	Country USA	Zip 32963	Country USA

06162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0772408	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOMBARDI, VICTOR A 5055 NORTH A1A VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Lombardi, Victor A. Street Address (P.O. Box Number is Not Acceptable) 622 Beachland Blvd Suite 203 City Vero Beach FL Zip Code 32963	
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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 Victor A. Lombardi DATE 7/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VICTOR A 5055 NORTH A1A VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lombardi, Victor A. 622 Beachland Blvd. Suite 203 Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGLIA, JOSEPH M 7428 WILES ROAD CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Foglia, Joseph M 622 Beachland Blvd Suite 203 Vero Beach, FL 32963 <input checked="" 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 606, Florida Statutes.
SIGNATURE: Victor A. Lombardi Date 7/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE