


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L04000084960 1. Entity Name WATERFORD MARINE, LLC	
--	---

Principal Place of Business 1450 PASLAY PLACE MANALAPAN, FL 33462	Mailing Address C/O DENNIS J. RYAN 1450 PASLAY PLACE MANALAPAN, FL 33462
---	---

DO NOT WRITE IN THIS SPACE



02122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2561750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ
 340 ROYAL POINCIANA WAY, SUITE 321
 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, DENNIS J 1450 PASLAY PLACE MANALAPAN, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, BETTY 1450 PASLAY PLACE MANALAPAN, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000675361
 03/30/07-80016-001 50.00

DO NOT WRITE IN THIS SPACE

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: Betty Ryan Date: 3-20-07 Daytime Phone #: 561-538-7211

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