## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

WATERMEN AT BONITA, LLC

DOCUMENT # L04000085640



Principal Place of Business

8045 NW 155 STREET MIAMI LAKES, FL 33016 Mailing Address

8045 NW 155 STREET MIAMI LAKES, FL 33016

## FILED Jan 26, 2006 8:00 am **Secretary of State**

01-26-2006 90069 047 \*\*\*\*50.00

20002982



DO NOT WRITE IN THIS SPACE

01172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1935331

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016 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 reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GARCIA, EDDY
STREET ADDRESS	8045 NORTHWEST 155 STREET
CITY+\$T-ZIP	MIAMI LAKES, FL 33016
TITLE	MGR
NAME.	KRAIZGRON, DAVID
STREET ADDRESS	8045 NORTHWEST 155 STREET
CITY+ST+ZIP	MIAMI LAKES, FL 33016
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	
11 I hereby certify that the information symplect with this filling does not qualify for the e	

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** 

Zala Govero SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTH

120(06 (305 328-0103