

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90058 033 ***138.75

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DOCUMENT # L04000087548			
1. Entity Name WATERMEN-PINNACLE, LLC			
Principal Place of Business 8045 NW 155 STREET MIAMI LAKES, FL 33016		Mailing Address 8045 NW 155 STREET MIAMI LAKES, FL 33016	
2. Principal Place of Business - No P.O. Box # 265 Sevilla Ave Suite, Apt. #, etc.		3. Mailing Address 265 Sevilla Ave Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA
4. FEI Number 20-1965829		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 GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name: Garcia, Eddy Street Address (P.O. Box Number is Not Acceptable): 265 Sevilla Ave City: Coral Gables, FL Zip Code: 33134	
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:		DATE: 4/18/08	
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		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: GARCIA, EDDY STREET ADDRESS: 8045 NW 155 STREET CITY-ST-ZIP: MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE: MGR NAME: Garcia Eddy STREET ADDRESS: 265 Sevilla Ave CITY-ST-ZIP: Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: KRAIZGRUN, DAVID STREET ADDRESS: 8045 NW 155 STREET CITY-ST-ZIP: MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE: MGR NAME: Kraizgrun, David STREET ADDRESS: 265 Sevilla Ave CITY-ST-ZIP: Coral Gables, FL 33134	<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
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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: 4/18/08 (305) 448-9412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	