

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089584

Entity Name: WATERPLEX PARKS LLC

FILED
May 29, 2007
Secretary of State

Current Principal Place of Business:

15467 SE 105 TER. RD.
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

4921 BARNSTEAD DR
RIVERVIEW, FL 33569 US

Current Mailing Address:

15467 SE 105 TER. RD.
SUMMERFIELD, FL 34491 US

New Mailing Address:

4921 BARNSTEAD DR
RIVERVIEW, FL 33569 US

FEI Number: 20-2675877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIVA, MICHAEL JR.
4921 BARNSTEAD DR.
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIVA, MICHAEL G JR.
Address: 15467 SE 105 TER. RD.
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: MGR (X) Delete
Name: SHUTE, JONATHON S
Address: 15467 SE 195 TER. RD.
City-St-Zip: SUMMERFIELD, FL 34491 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIVA, MICHAEL G JR.
Address: 4921 BARNSTEAD DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL RIVA JR.

MGR

05/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date