

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093140

Entity Name: WATERWAY WAGON, LLC

FILED  
Jul 14, 2006  
Secretary of State

**Current Principal Place of Business:**

1495 FOREST HILL BLVD  
STE B  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1495 FOREST HILL BLVD  
STE B  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 83-0415165      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:**      **Name and Address of New Registered Agent:**

MYERS, STEVEN  
1495 FOREST HILL BLVD  
STE B  
WEST PALM BEACH, FL 33406 US

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: MGRM ( ) Delete  
Name: STEVEN MYERS, INC,  
Address: 1495 FOREST HILL BLVD STE B  
City-St-Zip: WEST PALM BEACH, FL 33406 US

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: JONES, THOMAS E  
Address: 486 OLD ORCHARD CIRCLE  
City-St-Zip: MILLERSVILLE, MD 21108 US

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

D

07/14/2006

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