

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000010

FILED
Aug 01, 2006
Secretary of State

Entity Name: WATERCASTLE MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

2600 ISLAND BOULEVARD STE 201
AVENTURA, FL 33160

New Principal Place of Business:

2600 ISLAND BOULEVARD STE2205
AVENTURA, FL 33160

Current Mailing Address:

2600 ISLAND BOULEVARD STE 201
AVENTURA, FL 33160

New Mailing Address:

2600 ISLAND BOULEVARD STE 2205
AVENTURA, FL 33160

FEI Number: 20-2074633 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:

SAVALLI, FRANK
2600 ISLAND BOULEVARD STE 201
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

SAVALLI, FRANK
2600 ISLAND BOULEVARD STE 2205
AVENTURA, FL 33160 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: FRANK SAVALLI

08/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAVALLI, FRANK
Address: 2600 ISLAND BOULEVARD STE 201
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAVALLI, FRANK
Address: 2600 ISLAND BOULEVARD STE 2205
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK SAVALLI

MGR

08/01/2006

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