

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 105000000460</b>	
1. Entity Name WATERVIEW EQUITIES, LLC	
Principal Place of Business 9241 SPRINGS RUN BLVD., #2206 BONITA SPRINGS, FL 34135	Mailing Address 655 E. 116TH STREET KANSAS CITY, MO 64131



07082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2014558	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  A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351
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**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 September 14, 2007**

000000768510  
07/12/07-80014-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTELS SMITH, JULIE M 655 E. 116TH STREET KANSAS CITY, MO 64131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DARYL 655 E. 116TH STREET KANSAS CITY, MO 64131
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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:** Daryl W. Smith DARYL W. SMITH 7-9-07 816 941-0133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #