

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002343

Entity Name: WATERFRONT MM LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

551 N ATLANTIC BLVD.
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

2400 E LAS OLAS BLVD
300
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

551 N ATLANTIC BLVD.
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

2400 E LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MOTWANI, NITIN
2400 E LAS OLAS BLVD
SUITE 300
FORT LAUDERDALE, FL 33301 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: NITIN MOTWANI

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOTWANI, RAMOLA
Address: 551 N ATLANTIC BLVD.
City-St-Zip: FORT LAUDERDALE, FL 34109 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOTWANI, RAMOLA
Address: 2400 E LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: RAMOLA MOTWANI

MGR

05/01/2006

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