

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000002343

Entity Name: WATERFRONT MM LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD  
SUITE 130-324  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST LAS OLAS BLVD  
SUITE 130-324  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTWANI, DEV  
401 EAST LAS OLAS BLVD  
SUITE 130-324  
FORT LAUDERDALE, FL 33301 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  
Name: MOTWANI, RAMOLA  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: O  
Name: MOTWANI, NITIN  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O  
Name: MOTWANI, DEV  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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: DEV MOTWANI

O

04/24/2012

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