

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003216

Entity Name: WATERPOINTE, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

36008 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541 US

New Principal Place of Business:

130 S GERONIMO ST
SUITE 5
DESTIN, FL 32550 US

Current Mailing Address:

POST OFFICE BOX 6397
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 20-2145585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BWSZ DEVELOPMENT INC,
Address: 130 S GERONIMO ST, STE. 5
City-St-Zip: DESTIN, FL 32550 US

Title: MGR () Change (X) Addition
Name: SUN GOD PROPERTIES I, NC.
Address: 1077 US HIGHWAY 98 EAST
City-St-Zip: DESTIN, FL 32541 US

Title: MGR () Change (X) Addition
Name: NEAL, DAVID
Address: 75 MELROSE AVE
City-St-Zip: TRYON, NC 28782 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: DAVID WILLIAMS

MGR

04/24/2006

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