2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Aug 25, 2006 8:00 am
Secretary of State

08-11-2006 90090 003 ****50.00

DOCUMENT # L05000007727

1. Entity Name
WATERDANCE FARM, LLC

Principal Place of Business
P.O. 4970
FRISCO CO 80443

Mailing Address
P.O. 4970
FRISCO CO 80443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State

City & State

4. FEI Number 20-2822225 Applied For / Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, MICHAEL J
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	SEIBERT, N.F. ANTHONY	
STREET ADDRESS	P.O. 4970	
CITY-ST-ZIP	FRISCO CO 80443	
TITLE	MGRM	☐ Delete
NAME	STARK, CHARLES R	
STREET ADDRESS	P.O. 4970	
CITY-ST-ZIP	FRISCO CO 80443	
TITLE	MGR	☐ Delete
NAME	HESS, SUSAN	
STREET ADDRESS	P.O. 4970	
CITY-ST-ZIP	FRISCO CO 80443	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: N.F. ANTHONY SEIBERT 8/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #