

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-05-2007 90028 033 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000013508 1. Entity Name WATERFORD PROPERTIES, LLC	
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Principal Place of Business 3581 MERCANTILE AVENUE NAPLES, FL 34104	Mailing Address 3581 MERCANTILE AVENUE NAPLES, FL 34104
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30005374



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03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2312040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

CLARY, MARY BETH M
 5801 PELICAN BAY BOULEVARD STE 300
 NAPLES, FL 34108

**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:  DATE: 3/19/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)


**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, JAMES S 3581 MERCANTILE AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, LAURA H 3581 MERCANTILE AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREIJE, MARC C 3581 MERCANTILE AVENUE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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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:  DATE: 4-19-07 239-436-1569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE