

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90052 027 \*\*\*\*50.00

**DOCUMENT # L05000016790**

1. Entity Name  
**WORLD WATER SKI PROS, LLC**



Principal Place of Business  
**13482 SUNSET LAKES CIRCLE  
WINTER GARDENS, FL 34787**

Mailing Address  
**13482 SUNSET LAKES CIRCLE  
WINTER GARDENS, FL 34787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-2372546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NEUKAMM, MICHAEL E  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **MGRM**  
STREET ADDRESS **DAVID L. HUNTER**  
CITY-ST-ZIP **13482 SUNSET LAKES CIRCLE  
WINTER GARDENS, FL 34787**

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

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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: *David L. Hunter* **DAVID L. HUNTER 1-6-06**

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

Date

Daytime Phone #

407 877-0657