


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90358 023 \*\*\*\*50.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L05000020934</b><br>1. Entity Name<br><b>WATERTOP UNLIMITED, L.L.C.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>706 LAVETA DR<br/>MELBOURNE, FL 32904</b>  |  |   | Mailing Address<br><b>706 LAVETA DR<br/>MELBOURNE, FL 32904</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   | 01232007 Chg-LLC CR2E083 (12/06)  |  |
| Zip  |  | Country   |   | 4. FEI Number<br><b>20-2617545</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b>                             |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   | <b>7. Name and Address of New Registered Agent</b>              |   |  |
| <b>MCKERCHER, TIMOTHY<br/>706 LAVETA DR<br/>MELBOURNE, FL 32904</b>  |  |   | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |  |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>                                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MCKERCHER, TIMOTHY<br/>706 LAVETA DR<br/>MELBOURNE, FL 32904</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____  |  |   | 4/30/07 (321) 409 0519  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   | Date Daytime Phone #  |   |  |