

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022096

FILED
Aug 17, 2007
Secretary of State

Entity Name: WATER VISTA DEVELOPMENT LLC

Current Principal Place of Business:

51 WATER ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

51 WATER ST
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-2451401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DROZEL, TERENCE M
19 SEA OAKS DR
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

DROZD, TERENCE M
19 SEA OAKS DR
SAINT AUGUSTINE, FL 32080 US

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: TERENCE DROZD

08/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCDANIEL, PHILIP A
Address: 51 WATER ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGR () Delete
Name: DROZD, TERENCE M
Address: 19 SEA OAKS DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: MCDANIEL, PHILIP A
Address: 51 WATER ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP A. MCDANIEL

MR.

08/17/2007

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