


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 028 ***138.75

DOCUMENT # L05000027850 1. Entity Name WATERMARK, LLC					
Principal Place of Business 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550			Mailing Address 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2472513				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KAZEK, JOHN R 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAZEK, JOHN R 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAZEK, DAVID A 3100 SCENIC HWY 98 #118 DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDGEWORTH, RICHARD R 311 SANDOWN DRIVE PEACHTREE CITY, GA 30269	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE: <i>John R. Kazek</i> JOHN R. KAZEK Jan 25, 08 850-650-0070					