

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90023 043 ***138.75

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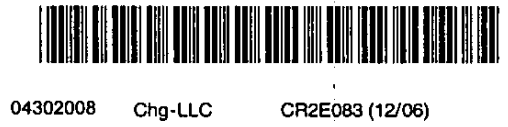
1. Entity Name
WATERFORD COURTYARDS AT PLANTATION, LLC



Principal Place of Business Mailing Address
333 SOUTH TAMIAMI TRAIL, SUITE 101 **333 SOUTH TAMIAMI TRAIL, SUITE 101**
VENICE, FL 32485 **VENICE, FL 32485**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
333 South Tamiami Trail **333 South Tamiami Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 203 **Suite 203**
 City & State City & State
Venice, FL **Venice, FL**
 Zip Country Zip Country
34285 **US** **34285** **US**



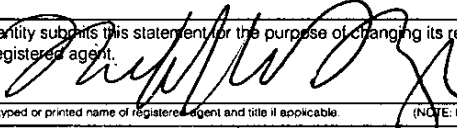
4. FEI Number Applied For
20-2584475 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILLER, MICHAEL W
333 SOUTH TAMIAMI TRAIL, SUITE 101
VENICE, FL 32485

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
333 South Tamiami Trail, Suite 203
 City State Zip Code
Venice **FL** **34285**

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 **5/1/08**

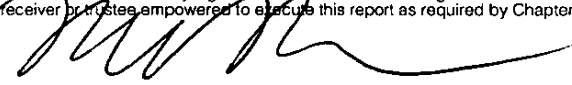
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR MILLER, MICHAEL W 333 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 32485 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:  DATE **5/1/08** Daytime Phone # **941 441 1651**

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