

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

60038337

DOCUMENT # L05000030718				05-02-2008 90022 038 ***138.75	
1. Entity Name WATERFORD AT BAY STREET, LLC					
Principal Place of Business 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285		Mailing Address 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285			
2. Principal Place of Business - No P.O. Box # 333 South Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address 333 South Tamiami Trail Suite, Apt. #, etc.		60038337	
Suite 203 City & State		Suite 203 City & State		04302008 Chg-LLC CR2E083 (12/06)	
Venice, FL Zip		Venice, FL Zip		4. FEI Number 20-2584361	
Country US		Country US		Applied For Not Applicable	
34285		34285		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285				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 Venice FL Zip Code 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  (NOTE: Registered Agent signature required when reinstating) DATE 5/1/08					
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 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
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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	
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					