2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Mar 19, 2008 08:00 A Secretary of State DOCUMENT # L05000040706 1. Entity Name 800-P WATER'S EDGE, LLC Principal Place of Business Mailing Address 3860 N. POWERLINE ROAD, SUITE 200 3860 N. POWERLINE ROAD, SUITE 200 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-2804975 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, JEFFREY B ESQ Street Andress (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE, SUITE 711 CORAL SPRINGS FL 33065 City Z_ip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both lin the State of Florida. I am familiar with, and accept the obligations of registered agent. M. LEUY SIGNATURE Squalure, type dipulsion or medinatine of registered agent and title it upplicately 3-12-08 (NOTE Registers): Againt's gliature 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES THE **MGRM** ☐ Delete TITLE Change Addition | U000000864243 NAME PROVEST REAL ESTATE HOLDINGS, LLC NAME 04/04/08-80006-008 138.75 STREET ADDRESS 3860 N POWERLINE RD, STE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP POMPANO BEACH FL 33073 TITLE ☐ Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP THE ☐ Delete Mile Change Addition NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-7/P CITY-ST-Z:P TITLE Delete TiTi F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE ☐ Change Addition 🔲 DALLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIF CITY-ST-ZIP TITLE Delete UTLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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: MARK LEVY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-12-08

954-914-1998