

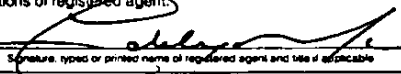
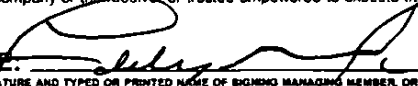


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90442 033 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000047115		
1. Entity Name WATERMEN PINES, LLC		
Principal Place of Business 8045 NW 155 STREET MIAMI LAKES, FL 33016	Mailing Address 8045 NW 155 STREET MIAMI LAKES, FL 33016	 02082007No Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2833256 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016		
DO NOT WRITE IN THIS SPACE		
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 reappointing) DATE: 3/20/07		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRAIZGRUN, DAVID 8045 NW 155 ST MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  manager 3/19/07 305-828-0103 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		