

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-05-2006 90023 047 ****50.00

DOCUMENT # L05000048762 1. Entity Name WATERFRONT GROUP FLORIDA, LLC																																																																																																																													
Principal Place of Business 1801 E. COLONIAL DRIVE SUITE 207 ORLANDO, FL 32803			Mailing Address 17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031																																																																																																																										
2. Principal Place of Business 7595 Baymeadows Way			3. Mailing Address 																																																																																																																										
Suite, Apt. #, etc. Suite 100B			Suite, Apt. #, etc. 																																																																																																																										
City & State Jacksonville, Florida			City & State 																																																																																																																										
Zip 32256		Country USA		Zip 																																																																																																																									
Country 		Country 		4. FEI Number 20-2676733																																																																																																																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent ADKINS, WILLIAM N 1801 E. COLONIAL DRIVE SUITE 207 ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name 																																																																																																																									
				Street Address (P.O. Box Number is Not Acceptable) 7595 Baymeadows Way, Suite 100B																																																																																																																									
				City Jacksonville																																																																																																																									
				FL Zip Code 32256																																																																																																																									
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 _____ Signature, typed or printed name of registered agent and title if applicable																																																																																																																													
NOTE: Registered Agent signature required when releasing																																																																																																																													
DATE																																																																																																																													
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ADKINS, WILLIAM N</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ADKINS, MARK R</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17505 W. CATAWBA AVE. SUITE 350</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORNELIUS, NC 28031</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ADKINS, WILLIAM N		STREET ADDRESS			CITY-ST-ZIP	17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031		CITY-ST-ZIP			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	ADKINS, MARK R		NAME			STREET ADDRESS	17505 W. CATAWBA AVE. SUITE 350		STREET ADDRESS			CITY-ST-ZIP	CORNELIUS, NC 28031		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																																										
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																																								
STREET ADDRESS	ADKINS, WILLIAM N		STREET ADDRESS																																																																																																																										
CITY-ST-ZIP	17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031		CITY-ST-ZIP																																																																																																																										
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME	ADKINS, MARK R		NAME																																																																																																																										
STREET ADDRESS	17505 W. CATAWBA AVE. SUITE 350		STREET ADDRESS																																																																																																																										
CITY-ST-ZIP	CORNELIUS, NC 28031		CITY-ST-ZIP																																																																																																																										
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																										
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																										
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			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: <u>me 2. m</u> 5/1/06																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																													
Date																																																																																																																													
Daytime Phone #																																																																																																																													

30010099



04282008 Chg-LLC CR2E083 (11/05)

704 816-5680

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048762 1. Entity Name WATERFRONT GROUP FLORIDA, LLC					
Principal Place of Business 1801 E. COLONIAL DRIVE SUITE 207 ORLANDO, FL 32803			Mailing Address 17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031		
2. Principal Place of Business 7595 Baymeadows Way			3. Mailing Address		
Suite, Apt. #, etc. Suite 100B			Suite, Apt. #, etc.		
City & State Jacksonville, Florida			City & State		
Zip 32256		Country USA		Zip	
Country		Zip		Country	
4. FEI Number				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADKINS, WILLIAM N 1801 E. COLONIAL DRIVE SUITE 207 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7595 Baymeadows Way, Suite 100B City Jacksonville FL Zip Code 32256		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADKINS, WILLIAM N 17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADKINS, MARK R 17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: <u>me a. n.</u> 5/1/06 704 846-8880 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					

ATTACHMENT

30010099



04282006 Chg-LLC CR2E083 (11/05)

ATTACHMENT # 30010099
605000048162
Brennan Law Firm, PLLC

ATTORNEY AND COUNSELOR AT LAW

17115 Kenton Drive, Suite 204A

Cornelius, North Carolina, 28031

Martin M. Brennan, Jr.

(Licensed in North Carolina and Virginia)

Phone: (704) 896-6441

Facsimile: (704) 896-6449

Cell: (704) 236-9520

May 1, 2006

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Waterfront Group Florida, LLC

Dear Sir or Madam:

On behalf of the above-named entity, enclosed please find the following documents:

- 1) One original and one copy of the 2006 Limited Liability Company Annual Report for the year ending December 31, 2005 for Waterfront Group Florida, LLC; and
- 2) A check in the amount of \$50.00 made payable to the Florida Department of State.

Should you need further information or have any questions, you can reach me at either (704) 896-6441 (Work) or (704) 236-9520 (Cell). Thank you for your assistance in this matter.

Sincerely,

BRENNAN LAW FIRM, PLLC


Martin M. Brennan, Jr.

MMBjr/sle
Enclosures

cc: Chris O'Connor