

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90112 045 ****50.00

DOCUMENT # L05000048762

1. Entity Name
WATERFRONT GROUP FLORIDA, LLC



Principal Place of Business
**7595 BAYMEADOWS WAY, SUITE 100B
JACKSONVILLE, FL 32256**

Mailing Address
**17505 W. CATAWBA AVE. SUITE 350
CORNELIUS, NC 28031**



05242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2676733

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
7595 BAYMEADOWS WAY
SUITE 100B
JACKSONVILLE, FL 32256**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADKINS, WILLIAM N 17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADKINS, MARK R 17505 W. CATAWBA AVE. SUITE 350 CORNELIUS, NC 28031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, STEPHEN D 7595 BAYMEADOWS WAY, STE 100B JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

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

MARK R. ADKINS, MANAGER

6/11/07

Date

704-896-5880

Daytime Phone #