2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000048762

Entity Name: WATERFRONT GROUP FLORIDA, LLC

Current Principal Place of Business:

7595 BAYMEADOWS WAY, SUITE 100B
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

17505 W. CATAWBA AVE. SUITE 350
CORNELIUS, NC 28031

New Mailing Address:

FEI Number: 20-2676733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, WILLIAM N
7595 BAYMEADOWS WAY
SUITE 100B
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ADKINS, WILLIAM N	
Address:	17505 W. CATAWBA AVE. SUITE 350	
City-St-Zip:	CORNELIUS, NC 28031	
Title:	MGRM	( ) Delete
Name:	ADKINS, MARK R	
Address:	17505 W. CATAWBA AVE. SUITE 350	
City-St-Zip:	CORNELIUS, NC 28031	
Title:	MGR	(X) Delete
Name:	ADKINS, STEPHEN D	
Address:	7595 BAYMEADOWS WAY, STE 100B	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM N. ADKINS MGMR 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date