2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 12, 2007 08:00 A Secretary of State

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1. Entity Name

WATER PLANT DEVELOPMENT, L.L.C.



Principal Place of Business

2000 WEBBER STREET SARASOTA, FL 34239

Mailing Address

2000 WEBBER STREET SARASOTA, FL 34239



02152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-2863644	_	Not Applicable
5. Certificate of Status Desired	П	\$5.00 Additional

		,	5. Certificate of Status Desired	□ \$5.00 Additional Fee Required	
	6. Name and Address of Current Registered Agent		1,,, -	<u> </u>	
SHEA, JOSEPH R ESQ. 2000 WEBBER STREET SARASOTA, FL 34239			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	when reinstailing)	DATE	
ration Files	iling Fee is \$50.00 lue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM WATER GROVE, LLP 2000 WEBBER STREET SARASOTA, FL 34239		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IIO	0000662429	
TITLE NAME STREET ADDRESS			03/21	/07-80013-004 50.00 	
CITY-S7-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP			DO NOT W	-	
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE		7			

11. I hereby certify that the information supplied with this liling 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	
OIGHAI GIVE.	-

NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #