


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052039	
1. Entity Name WATERS OF SOUTH BAY L.L.C.	

Principal Place of Business 5102 DALEWOOD LANE LAKEWORTH, FL 33467	Mailing Address P.O. BOX 16855 WEST PALM BEACH, FL 33416
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2. Principal Place of Business - No P.O. Box # 8461 LAKEWORTH RD Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 16855 Suite, Apt. #, etc.
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City & State Lakeworth FL.	Country 33467	City & State West Palm Beach FL.	Country 33416
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FILED

2007 APR -4 P 1:47

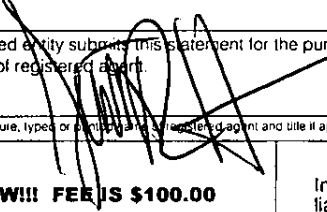
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent Henderson, Scott R 4290 16th Ave N. 104 Lake Worth, FL 33463	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL
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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.

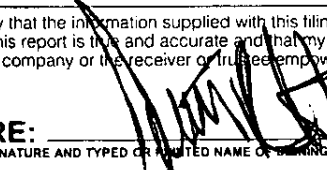
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE 3/11/07

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLO, THOMAS S P.O. BOX 16855 WEST PALM BEACH, FL 33416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200096329252 04/10/07--01027--006 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, SCOTT R 3322 LEGENDS LANDINGS DRIVE SPRING, TX 77386 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZALUSKIE, EDWARD L 22205 GENERAL ST BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:  DATE 3/11/07 DAYTIME PHONE #