## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 08, 2006 8:00 am Secretary of State

DOCUMENT # L05000068796  1. Entity Name JOHN ANDERSON WATERFRONT, LLC								05-04-200	6 90033 032 *	****50.00	
Principal Place of Business 675 NORTH BEACH STREET ORMOND BEACH, FL 32174			675 1	Mailing Address 675 NORTH BEACH STREET ORMOND BEACH, FL 32174							
2. Principal P	lace of Busin	J. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				Chg-LLC	CR2E083 (11/0	<u></u>	
City & State			City	City & State			2FEI Numi	45 2083	<u>3</u>	Applied For Not Applicable	
Zip	Country		Zip	<u> </u>				te of Status Desired Status Desired Fee Required			
Name and Address of Current Registered Agent						Name	7. Name an	d Address of New Ro	gistered Agent		
HOLUB, P. 675 NORT ORMOND	H BEACH	STREET				Street Address (P.O. Box Number is Not Acceptable)					
					City	ry FL Zip Code			ode		
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 famillar with, and accept the obegations of registered agent.											
SIGNATURE  Signature, typed or privided name of registered appart and titls if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FI	ling Fee	ls \$50.00 y 1, 2006		the Table State of St					check payable to Department of St		
9.		MANAGING MEN	MBERS/MANA	GERS	10.			ADDITIONS/C	CHANGES		
TITLE MANE STREET ADDRESS	675 NOR	PAUL F JR. TH BEACH STREET		☐ Deleta		E Et adoress			Chang	e 🔲 Addition	
CITY-ST-ZIP	ORMONE	BEACH, FL 32174	·	☐ Delete	CITY	-ST-ZIP			Chang	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				L) (REIS	NAM STRE					, ADOLLOII	
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NAME STREET ADDRESS CITY-ST-ZIP						E ET ADDRESS - ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			Change	Asdition	
11. Thereby certify that the information supplied with this filling 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: 4/24/06 356-677-7617											

Single member LLC