

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069513

FILED
May 28, 2007
Secretary of State

Entity Name: THE WATERMARK UNIT 214, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 740
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 740
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3225224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERI, LUCIANO M
2121 PONCE DE LEON BLVD
SUITE 740
CORAL GABLES, FL FL 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: PIERI, LUCIANO M
Address: 2121 PONCE DE LEON BLVD # 740
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: GUTIERREZ, JORGE A
Address: 2121 PONCE DE LEON BLVD # 740
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PIERI, ISIDORO
Address: 5757 COLLINS AVENUE # 1407
City-St-Zip: MIAMI BEACH, FL 33140

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: LUCIANO M. PIERI

MGRM

05/28/2007

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