2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000070941

1. Entity Name
WATERA, LLC

Principal Place of Business	Mailing Address
5109 LANAI WAY TAMPA, FL 33624	5109 LANAI WAY TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

03282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3297319
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T
5103 MEMORIAL HWY
TAMPA, FL 33634

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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 CARL T WATKINS 3-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000875334
04/11/08-80030-003 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WATKINS, CARL T
STREET ADDRESS	5109 LANAI WAY
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MRG
NAME	TERRY, BRIGITTA M
STREET ADDRESS	5109 LANAI WAY
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGR
NAME	RAHMS, BEATRIX A
STREET ADDRESS	9736 FREDERICKSBURG ROAD
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Beatrix Rahms 3-28-08 813-984-7245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #