

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90023 034 ***138.75

DOCUMENT # L05000077641

1. Entity Name
WATERFORD AT LAUREL PARK NORTH, LLC



Principal Place of Business
**333 SOUTH TAMiami TRAIL, SUITE 101
VENICE, FL 34285**

Mailing Address
**333 SOUTH TAMiami TRAIL, SUITE 101
VENICE, FL 34285**



2. Principal Place of Business - No P.O. Box #

333 South Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address

333 South Tamiami Trail
Suite, Apt. #, etc.

Suite 203
City & State

Venice, FL
Zip

Country

34285

US

Suite 203
City & State

Venice, FL
Zip

Country

34285

US

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3272602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL W
333 SOUTH TAMiami TRAIL, SUITE 101
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

333 South Tamiami Trail, Suite 203

City

Venice

FL

Zip Code
34285

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MILLER, MICHAEL W
333 SOUTH TAMiami TRAIL, SUITE 101
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**333 South Tamiami Trail, Suite 203
Venice, FL 34285** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

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

Date

Daytime Phone #

5/1/08

941 441 1651