


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90120 050 ****50.00

DOCUMENT # L05000113434	
1. Entity Name THE WATERS LLC	

Principal Place of Business 16669 TOPANGA LANE DELRAY BEACH, FL 33484	Mailing Address 16669 TOPANGA LANE DELRAY BEACH, FL 33484
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2. Principal Place of Business - No P.O. Box # 4948 Baybridge Blvd	3. Mailing Address 4948 Baybridge Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ESTERO FL	City & State ESTERO FL
Zip 33928	Zip 33928
Country LEE	Country LEE

6. Name and Address of Current Registered Agent NORTON, MARIA 16669 TOPANGA LN DELRAY BEACH, FL 33484	
7. Name and Address of New Registered Agent Name MARIA NORTON Street Address (P.O. Box Number is Not Acceptable) 4948 BAYBRIDGE BLVD 16669 TOPANGA LN City ESTERO FL Zip Code 33928	

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 <u><i>Maria Norton</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3-6-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	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	MGR NORTON, MARIA 16669 TOPANGA LN DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA NORTON 4948 BAYBRIDGE BLVD ESTERO FL 33928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTRUST BANK & TRUST FBO MARIA NORTON 16669 TOPANGA LANE DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENTRUST BANK & TRUST FBO MARIA NORTON 4948 BAYBRIDGE BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTRUST BANK & TRUST FBO THOMAS TURNER 16669 TOPANGA LN DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS TURNER 4948 BAYBRIDGE BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Maria Norton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>3-6-07</u> DAYTIME PHONE # <u>239-676-9464</u>