

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90024 048 *****50.00

DOCUMENT # L05000115146

1. Entity Name

COLINA BAY WATER COMPANY, LLC



Principal Place of Business

**7512 DR. PHILLIPS BLVD.
SUITE 50-513
ORLANDO FL 32819**

Mailing Address

**7512 DR. PHILLIPS BLVD.
SUITE 50-513
ORLANDO FL 32819**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

59-3825967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARTIN S
2180 W. STATE ROAD 434
SUITE 2118
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGMR
NEAL, EDWARD A
7512 DR. PHILLIPS BLVD., SUITE 50-513
ORLANDO FL 32819**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGMR
MP GROWTH, LLC
7512 DR. PHILLIPS BLVD., SUITE 50-513
ORLANDO FL 32819**

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TITLE
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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**EDWARD A. NEAL
MANAGER**

3/27/06 407-234-5476

Date

Daytime Phone #