



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

37

03-20-2007 90147 023 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L06000001596</b>   |  |         |   |
| 1. Entity Name<br>WATER C SR 70, LLC   |  |  |   |
| Principal Place of Business<br>2000 WEBBER STREET<br>SARASOTA, FL 34239  |  | Mailing Address<br>2000 WEBBER STREET<br>SARASOTA, FL 34239                              |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  | Country  | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br><br>CHAPNICK, BRUCE P ESQ.<br>2033 MAIN STREET<br>SUITE 600<br>SARASOTA, FL 34237   |  | 4. FEI Number<br>20-2863485<br>Applied For<br>Not Applicable                             |   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |  | 8. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |   |
| 9. 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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____   |  |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State                                     |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>WATER C INVESTMENTS, L.L.C.<br>2033 MAIN STREET, SUITE 600<br>SARASOTA, FL 34237 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |  | Date: 3/7/07   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date   |   |