


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90058 027 \*\*\*138.75

<b>DOCUMENT # L06000004586</b>		
1. Entity Name <b>WATERMEN COMMERCE PARK, LLC</b>		
Principal Place of Business <b>8045 NW 155 STREET MIAMI LAKES, FL 33016</b>		Mailing Address <b>8045 NW 155 STREET MIAMI LAKES, FL 33016</b>
2. Principal Place of Business - No P.O. Box # <b>265 Sevilla Ave</b>		3. Mailing Address <b>265 Sevilla Ave</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>
Zip <b>33134</b>		Country <b>USA</b>
Country <b>USA</b>		Zip <b>33134</b>
Country <b>USA</b>		Country <b>USA</b>



02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4115446</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016</b>			7. Name and Address of New Registered Agent		
			Name <b>Garcia, Eddy</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>265 Sevilla Ave</b>		
			City <b>Coral Gables</b>		FL
			Zip Code <b>33134</b>		

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: *Eddy Garcia* (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/08

**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				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, EDDY			NAME	Garcia, Eddy		
STREET ADDRESS	8045 NW 155 STREET			STREET ADDRESS	265 Sevilla Ave		
CITY-ST-ZIP	MIAMI LAKES, FL 33016			CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAIZGRUN, DAVID			NAME	Kraizgrun, David		
STREET ADDRESS	8045 NW 155 ST			STREET ADDRESS	265 Sevilla Ave		
CITY-ST-ZIP	MIAMI LAKES, FL 33016			CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Eddy Garcia* manager DATE: 4/20/08 DAYTIME PHONE #: (305) 448-9442