

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2008 90023 044 ***138.75

60050001



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5306762

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

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

DOCUMENT # L06000076209

1. Entity Name
WATERFORD AT WESTON, 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 | | 3. Mailing Address 333 South Tamiami Trail | |
| Suite, Apt. #, etc. Suite 203 | | Suite, Apt. #, etc. Suite 203 | |
| City & State Venice, FL | | City & State Venice, FL | |
| Zip 34285 | Country US | Zip 34285 | Country US |

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** State **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]* DATE **5/1/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLER, MICHAEL W 333 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 333 South Tamiami Trail, Suite 203 Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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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: *[Signature]* DATE **5/1/08** Daytime Phone # **941 441 1651**

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