2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000078881

WATER PLACE GROUP, LLC



Principal Place of Business

Mailing Address

2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES, FL 33134

2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES, FL 33134

FILED Feb 21, 2008 08:00 Al Secretary of State



02112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5350450

Applied For Not Applicable

\$5.00 Additional

,		•	5. Certificate of Status	Desired Fee Required	
	6. Name and Address of Current Registered Agent		The Company of the co	The second secon	
HERNANDEZ, HECTOR JR ESQ. 2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES, FL 33134		;	DO NOT WRITE IN THIS SPACE		
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 requ	uired when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.78 After May 1, 2008 Fee will be \$538.78			<u> </u>		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATER PLACE MANAGER, LLC 2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES, FL 33134			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	. 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				T WRITE S SPACE	
NAME CTREET ADDRESS			114 11116	OI AOL	

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 age 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 of the receiver of true see impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYRED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #