FILED
May 03, 2007 8:00 am
Secretary of State
04-02-2007 90435 010 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000088161

1. Entity Name
WATERFORD II PROPERTIES, LLC

30006705

Principal Place of Business
3581 MERCANTILE AVENUE
NAPLES, FL 34104

Mailing Address
3581 MERCANTILE AVENUE
NAPLES, FL 34104

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip. Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 86-1174190 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CLARY, MARY BETH M ESQUIRE
PORTER, WRIGHT, MORRIS & ARTHUR LLP
5801 PELICAN BAY BOULEVARD, SUITE 300
NAPLES, FL 34108

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] 3/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIXON, JAMES S TRUSTEE 3581 MERCANTILE AVENUE NAPLES, FL 34104	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIXON, LAURA H TRUSTEE 3581 MERCANTILE AVENUE NAPLES, FL 34104	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] 4-10-07 239-436-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #