

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90016 036 ***143.75

DOCUMENT # L06000098891

1. Entity Name
WATERBROOK, LLC



Principal Place of Business
**2915 KERRY FOREST PARKWAY
SUITE 101
TALLAHASSEE, FL 32309 US**

Mailing Address
**2915 KERRY FOREST PARKWAY
SUITE 101
TALLAHASSEE, FL 32309 US**

000045716



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04242008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-5759683

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**JONES, JOSEPH P
215 S. MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **Blaise Hayward**
Street Address (P.O. Box Number is Not Acceptable)
**Hayward & Grant, P.A.
221-B Killarney Way
City **TALLAHASSEE** FL **32309****

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 required when reinstating)

DATE

**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

TITLE **MGRM** ☒ Delete
NAME **RK DEVELOPMENT OF TALLAHASSEE, INC.**
STREET ADDRESS **3823 EAST MILLERS BRIDGE ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **RK Development of Tallahassee, Inc.**
STREET ADDRESS **3823 E. Millers Bridge Rd.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

4-25-08
850 433-0040