2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L07000025217

Entity Name: WATERFRONT INN, LLC

Current Principal Place of Business:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

60 POINTE CIRCLE
GREENVILLE, SC 29615

New Mailing Address:

FEI Number: 26-0391432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVENUE, SUITE 1000 (DJC)
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: WATERFRONT INN COMMERCIAL PARTNERS, LLC
Address: 303 EAST PAR ST.
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Change (X) Addition
Name: WATERFRONT INN PARTNERS, LLC
Address: 303 EAST PAR ST.
City-St-Zip: ORLANDO, FL 32084

Title: MGR ( ) Change (X) Addition
Name: GTMJ INVESTMENT GROUP, LLC
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAYANTI P. RAMA MEM 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date