

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036784

Entity Name: WARM WATERS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2121 SO. TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2121 SO. TAMIAMI TRAIL
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-8798063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABA, RICHARD D
SABA & KING, LLP
2033 MAIN STREET, SUITE 303
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

HALVEY, CORNELIUS H MD
2121 S TAMIAMI TRAIL
SARASOTA, FL 34239 US

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: CORNELIUS H. HALVEY, MD

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALVEY, CORNELIUS DR.
Address: 1650 N. LODGE DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: CAMPBELL, DAVID DR.
Address: 1514 EASTBROOK DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HALVEY, CORNELIUS H MD
Address: 1650 N. LODGE DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: MGRM (X) Change () Addition
Name: CAMPBELL, DAVID P MD
Address: 1514 EASTBROOK DRIVE
City-St-Zip: SARASOTA, FL 34231

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: CORNELIUS H. HALVEY, MD

MGRM

04/29/2009

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