


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

08-07-2008 90009 023 \*\*\*138.75

08 AUG 18 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L07000095073</b>		
1. Entity Name <b>WATER'S EDGE OF LAKE WALES, LLC</b>		

Principal Place of Business <b>5550 26TH STREET WEST, SUITE 3 BRADENTON, FL 34207</b>	Mailing Address <b>5550 26TH STREET WEST, SUITE 3 BRADENTON, FL 34207</b>
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2. Principal Place of Business - No P.O. Box # <b>725 West Central Blvd.</b>		3. Mailing Address <b>725 West Central Blvd.</b>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32805</b>	Country <b>USA</b>	Zip <b>32805</b>	Country <b>USA</b>

07312008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-1728446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FLORIDA CHRISTIAN HOMES COMMUNITIES, LLC 5550 26TH STREET WEST, SUITE 3 BRADENTON, FL 34207</b>		7. Name and Address of New Registered Agent Name <b>RICHARD E. LEWIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>725 West Central Blvd, Suite 200</b> City <b>Orlando</b> FL Zip Code <b>32805</b>	
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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 *Richard Lewis* (NOTE: Registered Agent signature required when reinstating) DATE **8-1-08**

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Manager <b>Richard E. Lewis</b> <b>725 West Central Blvd, Suite 200</b> <b>Orlando, FL 32805</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Lewis* DATE **8-1-08** DAYTIME PHONE # **407-206-0784**

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