

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107512

FILED
Jul 09, 2008
Secretary of State

Entity Name: WATERSHED LLC

Current Principal Place of Business:

3141 ZAHARIAS DRIVE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

3141 ZAHARIAS DRIVE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 22-3970572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: HOLBROOK, SUZANNE
Address: 3141 ZAHARIAS DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: TANKERSLEY, JOHN
Address: 3141 ZAHARIAS DRIVE
City-St-Zip: ORLANDO, FL 32837

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

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: HOLBROOK, SUZANNE
Address: 3141 ZAHARIAS DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MR (X) Change () Addition
Name: TANKERSLEY, JOHN
Address: 3141 ZAHARIAS DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MR () Change (X) Addition
Name: HOLBROOK, TODD P
Address: 3141 ZAHARIAS DR
City-St-Zip: ORLANDO, FL 32837

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: SUZANNE HOLBROOK

MRS.

07/09/2008

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