


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90015 024 ***138.75

DOCUMENT # L07000110497					
1. Entity Name WATER TOWER DEVELOPMENT LLC					
Principal Place of Business 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US			Mailing Address 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1001 East Atlantic Street Suite, Apt. #, etc. <i>Suite 300</i> City & State <i>Portsmouth, NH</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MARK T 1001 EAST ATLANTIC AVENUE, SUITE 202 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MICHAEL P 1001 EAST ATLANTIC AVENUE, SUITE 202 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, WILLIAM J 1001 EAST ATLANTIC AVENUE, SUITE 202 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADE, RICHARD C 1000 MARKET STREET, SUITE 300 PORTSMOUTH, NH 03801	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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			
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 609, Florida Statutes.					
SIGNATURE: <i>Richard C. Ade</i> RICHARD C. ADE MANAGER <i>1/30/08</i> <i>(603) 559-2100</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					