

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046645

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA WATERSCAPES LLC

**Current Principal Place of Business:**

300 W. DEARBORN STREET  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 W. DEARBORN STREET  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

**FEI Number:** 27-1154020      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILLER, ELAINE A  
705 LEWIS ST  
ENGLEWOOD, FL 34223 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MILLER, ELAINE A  
**Address:** 705 LEWIS ST  
**City-St-Zip:** ENGLEWOOD, FL 34223 US

**Title:** MGRM  
**Name:** BEATT, GRANT S  
**Address:** 7424 STARFISH DR  
**City-St-Zip:** SARASOTA, FL 34231 US

**Title:** MGRM  
**Name:** BURDEN, JOHN N  
**Address:** 391 AVENIDA MADERA  
**City-St-Zip:** SARASOTA, FL 34242 US

**Title:** MGRM  
**Name:** VERMILYEA, CHARLES  
**Address:** 1649 BAYSHORE ROAD UNIT B  
**City-St-Zip:** NOKOMIS, FL 34275 US

I hereby 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:** ELAINE A MILLER

MGRM

05/03/2010

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