

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018100

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WATERWAYS JOINT VENTURE V, LLC

**Current Principal Place of Business:**

15489 SUMMIT PLACE CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

4711 FIRST AVE NW  
NAPLES, FL 34119

**Current Mailing Address:**

15489 SUMMIT PLACE CIRCLE  
NAPLES, FL 34119

**New Mailing Address:**

4711 FIRST AVE NW  
NAPLES, FL 34119

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

DAVENPORT, RICHARD  
15489 SUMMIT PLACE CIRCLE  
NAPLES, FL 34119    US

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

DAVENPORT, RICHARD  
4711 FIRST AVE NW  
NAPLES, FL 34119    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: RICHARD DAVENPORT

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SELIGMAN, BRIAN  
Address: P.O. BOX 726  
City-St-Zip: BRADFORD, VT 05033

Title: MGR  
Name: MILLER, ROBERT B  
Address: 3350 BRIDLE PATH LANE  
City-St-Zip: WESTON, FL 33331

Title: MGR  
Name: GOLAN, AMNON  
Address: 19111 COLLINS AVENUE #801  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR  
Name: DAVENPORT, RICHARD  
Address: 4711 FIRST AVE NW  
City-St-Zip: NAPLES, FL 34119

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: RICHARD DAVENPORT

MGR

04/25/2012

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