



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waterfront Palms Investments, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jon E. Nix**

Name of Person

**Nix Venture Partners**

Firm/Company

**222 Lakeview Avenue, Suite 1660**

Address

**West Palm Beach, FL 33401**

City/State and Zip Code

**jon.nix@nixventurepartners.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ben E. Williams**

Name of Person

at ( **561** ) **800-1258**

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Waterfront Palms Investments, LLC

SECOND: The street address of the limited liability company's principal office is:

222 Lakeview Avenue, Suite 1660

West Palm Beach, FL 33401

The mailing address of the limited liability company's principal office is:

c/o Nix Venture Partners

222 Lakeview Avenue, Suite 1660

West Palm Beach, FL 33401

FILED  
14 MAY - 7 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THIRD: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

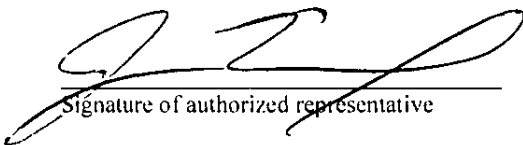
a. Granted to: Jon E. Nix, Managing Member

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Jon E. Nix, Managing Member

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Jon E. Nix  
Typed or printed name of signatire

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)