2001 UNIFORM BUSINESS REPORT (UBR) L98000001832 WATERWAY COVE, L.C.

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									ACABET	ADM OF I	~ TA TE		
Principal Place of Business				Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
247 NORTH COLLIER BLVD SUITE 202				P.O. BOX 2056					- IMLLMUM	.O⊙lmlin FT	LOMIDA		
MARCO ISLAND FL 34145				MARCO ISLAND FL 34146							N.		
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2. Principal F	lloop of Punis			Acilina Address									
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State			4. 1	E=.0001070			pplied For		
Zip Country					te.	 	Not Applicate of Status Desired : \$5.00 Additional						
	Zip Country Zip				Coun	5. Certificate of Statu				·	ÞO.UU Ad Fee Require	ditional ed	
6. Name and Address of Current Registered Agent							7	Vame and	Address of New	Registered A	gent		
							Name						
MORRIS, WILLIAM G						Street Address (P.O. Box Number is Not Acceptable)				e)			
247 NORTH COLLIER BLVD., SUITE 202													
MARCO 1	SLAND FL	34145											
						City	•			FL	Zip Cod	le	
													
8. The above	named entity	y submits this statement	for the pu	urpose of changing its	registere	ed office or regi	istered ag	ent, or bot	h, in the State of Fi	orida.		i i	
CICNIATUDE													
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if	applicable. (NO	E: Registered	Agent signature rec	quired when re	instating)		DATE			
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				Make Check Pa		FEE IS \$50.0							
		-		Make Check F	ayable ti	o Departinei	iji Ui Stai						
9. MANAGING MEMBERS MEMBERS									ADDITIONS	/CHANGES			
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NAME	HENNING, JEFF					<u> </u>		<i></i> _	~.~		34E.		
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CITY-ST-ZIP CITY-													
11. I hereby c	ertify that the	information supplied w	ith this fili	na does not qualify to	r the ever	notion stated in	n Section 1	19 07/3/6) Florida Statutes	I further certif	iv that the ir	formation	

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #