

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90132 040 ****50.00

DOCUMENT # L99000001630

1. Entity Name

WATERLINE PROPERTIES, L.L.C.

Principal Place of Business

**1295 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955**

Mailing Address

**P.O. BOX 561076
ROCKLEDGE FL 32956-1076**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3561531

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****PAYNE, LEE M
1295 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PAYNE, LEE M**
CITY-ST-ZIP **1295 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955**TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **WALKER, IVAN B**
CITY-ST-ZIP **1881 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955**TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **WALKER, BENNY**
CITY-ST-ZIP **908 MT. SOMA COURT
FALSTON MD 21047**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**10. ADDITIONS/CHANGES**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.****SIGNATURE:***Lee M. Payne*
Lee M. Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/02 (321) 639-1295

CR2E083 (9/01)