2004	HIMIEODM	BUSINESS	DEDART	/IIRR
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SIGNATURE: SIGNATURE AND TYPED OR PRINT

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DOCUMENT # L9900006666										
1. Entity Name NEWWATER SPRINGS, L.L.C.					FILED					
					01 JAN 29 AM 11: 35					
Principal Place of Business Mailing Address 2605 MOHAWK CIRCLE 2605 MOHAWK CIRCLE				0,000	TARY OF ST	ATE				
	BEACH FL 33409	WEST PALM BEACH FL	334 09		TALEA	TARY OF STANSEE, FLO	RIDA			
Principal Place of Business 3. Mailing Address			Λ ,	1	_	(0 511 12 111 01 511 31 113 60 311 (janis anna a nna	BHCO OTH INDI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State	Δ	Ste. D-201 City & State D D D 5		4. FEI Number 65-0956543 Applied For				٦.		
City & Stati		West falm brack 12		Not Applica			t Applicable	1		
'Zip'	Country	33409	-Country	4	5. Certificate of Status	Desired	\$5.00-Add Fee Required		_	
	6. Name and Address of Current I	Registered Agent	Na	mie	7. Name and Address	of New Registered	Agent		-	
	OM, DOUGLASS E				(P.O. Box Number is Not A	Acceptable)			1	
	HAWK CIRCLE LIM BEACH FL 33409								}	
WEOTTA	LIN DEACHTTE GOTGO		Cit	<i>,</i>		FL	Zip Code	e	-	
					and another in the		· '		}	
8. The above	named entity submits this statement for	the purpose of changing its	registered oili	ce or register	red agent, or both, in the	state of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered Agent	signature required	d when reinstating)	DATE	•			
		ER E NO	OW!!! FEE	IS \$50.00						
		Make Check Pa			of State					
9.	MANAGING MEMBE	RS/MEMBERS	10.		AI	DDITIONS/CHANGES			} _	
TITLE	MGRM PEREBOOM, DOUGLASS E	☐ Delete	TITLE		1.		Change	☐ Addition	0,1	
NAME STREET ADDRESS	2605 MOHAWK CIRCLE		NAME STREET ADD	RESS					E083 (11	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIF	<u> </u>			Change	Addition	٦ ا	
TITLE Name		☐ Delete	TITLE NAME				☐ Change		2	
STREET ADDRESS			STREET ADD	1	500	003654	385	3		
TITLE		☐ Delete	TITLE	†		-02/05/01 0 *****50.00	★新施施* i	Sign Addition	1	
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CITY-ST-ZIP			CITY-ST-ZIF	1					-	
TITLE NAME		☐ Delete	TITLE NAME		• •		Change	☐ Addition		
STREET ADDRESS			STREET ADD	1	1					
CITY-ST-ZIP,	f sylve ex	☐ Delete	TITLE		1	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	1	
NAME	• /		NAME Street add	BECG	Sp	•				
STREET ADDRESS CITY-ST-ZIP		<u> </u>	CITY-ST-Zif	1	.	·			_	
TITLE		☐ Delete	TITLE NAME				Change	☐ Addition		
NAME STREET ADDRESS			STREET ADD	1						
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for	CITY-ST-ZIF	-!	ection 119 07/3)(i) Florida	a Statutes. I further cer	tify that the in	nformation	1	
indicated limited lia	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have empowered to execute this	the same lega report as requ	l effect as if r ired by Chap	made under oath; that I a ster 608, Florida Statutes.	m a managing membe	er or manage	r of the		
	ere Car			1, 5	- Day					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Destrict Phone #										