

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90053 035 ****50.00

DOCUMENT # M05000004914					
1. Entity Name WATERS EDGE ONE, L.L.C.					
Principal Place of Business 4200 W. CYPRESS STREET, SUITE 444 TAMPA, FL 33607			Mailing Address 4200 W. CYPRESS STREET, SUITE 444 TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-3363936 APPLIED FOR				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restateing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAUENHORST, JOSEPH J 225 N.E. MIZNER BLVD., SUITE 675 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENFIELD, BARRY W 4200 W. CYPRESS STREET, SUITE 444 TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIV/TIS	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Barry Greenfield</i></u>			3-31-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30008561



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