


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000003740**

1. Entity Name  
 5002 WEST WATERS OWNER CORP



Principal Place of Business 1395 BRICKELL AVENUE SUITE 680 MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVENUE SUITE 680 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4758189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000832853  
 02/27/08-80077-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LIMBURG, ANDREAS LIMMATQUIA 26, PO BOX 263 CH-8024 ZURICH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC ROLIN, PIERRE N SUITE 3C, PRINCES HOUSE 38 JERMYN ST LONDON SW1Y 6DN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKETT, KEVIN R 1221 AVENUE OF THE AMERICAS 29TH FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OPAR, JOHN L 599 LEXINGTON AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HALL, STEVEN 1395 BRICKELL AVENUE #680 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2-13-08** **305-379-9909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #