


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90212 018 \*\*\*\*50.00

**DOCUMENT # L02000029590**

1. Entity Name  
**G3 AQUATIC ADVENTURES, LLC.**



Principal Place of Business      Mailing Address

1111 LINCOLN ROAD      1111 LINCOLN ROAD  
 SUITE 400      SUITE 400  
 MIAMI BEACH FL 33139      MIAMI BEACH FL 33139

04000031

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: **51-0485419**      Applied For Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

**GARFINKLE, DAVID**  
**1111 LINCOLN ROAD**  
**SUITE 400**  
**MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

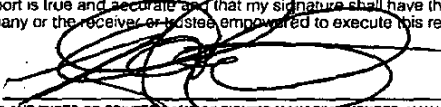
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARFINKLE, DAVID 1111 LINCOLN ROAD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARFINKLE, SANFORD 1111 LINCOLN ROAD MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       Date: **2.6.04**      Daytime Phone #: **305.538.8558**

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

**DAVID GARFINKLE**

Attachment  
34000931  
L02000024590



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 10-22-2003  
NUMBER OF THIS NOTICE: CP 575 B  
EMPLOYER IDENTIFICATION NUMBER: 51-0485419  
FORM: SS-4 NOB0D 0000002243  
0134161086 B

FOR ASSISTANCE CALL US AT:  
1-800-829-0115

G3 AQUATIC ADVENTURES LLC  
GARFINKLE DAVID MEMBER  
1111 LINCOLN RD 400  
MIAMI BEACH FL 33139

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.  
IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 51-0485419. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

X