

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017795

Entity Name: H2OSSOCIATES LLC

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

6245 CLARK CENTER AVE.
UNIT H
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

6245 CLARK CENTER AVE.
UNIT H
SARASOTA, FL 34238

New Mailing Address:

7044 HAWKS HARBOR CIRCLE
BRADENTON, FL 34207

FEI Number: 05-0569705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, RICHARD E JR.
6245 CLARK CENTER AVE.
UNIT H
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURNER, RICHARD E JR
Address: 6245 CLARK CENTER AVE., UNIT H
City-St-Zip: SARASOTA, FL 34238

Title: MGRM () Delete
Name: RODRIGUEZ, JUAN I
Address: 6245 CLARK CENTER AVE., UNIT H
City-St-Zip: SARASOTA, FL 34238

Title: MGRM () Delete
Name: BRADY, JAMES
Address: 6245 CLARK CENTER AVE., UNIT H
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD E. TURNER JR.

MGRM

04/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date