


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**


01-20-2006 90050 032 \*\*\*\*50.00

<b>DOCUMENT # L05000082795</b>		
1. Entity Name <b>AQUA MARINA, LLC</b>		

Principal Place of Business <b>1701 SW 2ND AVE MIAMI, FL 33129</b>	Mailing Address <b>1701 SW 2ND AVE MIAMI, FL 33129</b>
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2. Principal Place of Business <b>1110 Brickell Av. Ste 200</b>	3. Mailing Address <b>1110 Brickell Av.</b>
Suite, Apt. #, etc. <b>200</b>	Suite, Apt. #, etc. <b>200</b>

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33131</b>	Zip <b>33131</b>
Country <b>U.S.A</b>	Country <b>U.S.A</b>

	
01162006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>71-0989055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

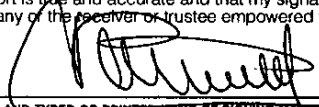
6. Name and Address of Current Registered Agent	
<b>DE CESPEDES, CARLOS</b> <b>1200 BRICKELL AVENUE, SUITE 1440</b> <b>MIAMI, FL 33131</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAN LORENZO INVESTMENTS, LLC 2655 COLLINS AVE. APT. 1911 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENRAL, CARLOS ALBERTO 1701 SW 2ND AVE. MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HGR</b> <b>Bernal, Carlos Alberto</b> <b>5770 S.W. 46 Terrace</b> <b>33155</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATIN AMERICAN INVESTMENTS, LLC 800 CLAUGHTON ISLAND DR. #2703 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERICO, JORGE 789 CRANDON BLVD. APT. 1501 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTANDER, GUSTAVO 910 NORTH SHORE DRIVE MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	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"/> Delete	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 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: 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	