FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90239 001 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000078024 1. Entity Name AQUA HOLDING INVESTMENT, LLC						60020785			
Principal Place of Business Mailing Address 1500 SAN REMO AVE., SUITE 125 1500 SAN REMO AVE., SUIT CORAL GABLES, FL 33146 CORAL GABLES, FL 33146					125	. I resuleri en entre cum certi enin cert	. 8918 H3981 H318 a	anna waku ann	ices en een
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. €, etc.			01242008 Chg-LLC	CR2E083	(12/06)	
City & State			City & State			4. FEI Number 87-0807427		No	optied For ot Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired		.00 Add	
	6. Name	and Address of Current F	tegistered Agent		Name	7. Name and Address of New Ro	egistered Age	nt .	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE SUITE 125					Street Address (P.O. Box Number is Not Acceptable)				
1500 SAN CORAL G					Jurget Anguless (1.10. Day Humbor is that Angulanas)				
					City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e
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 Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when relinately) LENEXXXXXIII AGENT AGEN									
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
9.	Lunn	MANAGING MEMBER		10.		ADDITIONS/	CHANGES		
TITLE	MGR BENCHIM	IOL, LEON	☐ Deleta	TTR.	·		· ·	Change	Addition
STREET ADORESS CITY-ST-ZIP	1500 SAN			EET ADORESS 1-ST-ZIP					
TITLE	MGR	ABLES, FL 33146	☐ Delete	па				Change	Addition
NAME		E, MARCO		NAM	- 1				
STREET ADDRESS CITY-ST-ZIP	1	REMO AVE STE 125 ABLES, FL 33146			EET ADDRESS 7-ST-20P				- 1
TITLE	MGR	11 100EDE	☐ Delete	ΠL				Change	☐ Add@tion
NAME STREET ADDRESS		NI, JOSEPE I REMO AVE STE 125		NAM STRE	ET ADDRESS				ĺ
CITY-ST-ZIP	CORAL G	ABLES, FL 33146		→	-ST-ZIP	·			
TITLE NAME	·		☐ Delete	TITL MAN	- I		Ц	Change	☐ Addition
STREET ADDRESS					ET ADDRESS				
CTTY-ST-ZDP			☐ Delete	m	-ST-ZEP		П	Change	☐ Addition
NAME				NAM	E	·	_	-	_
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				
TITLE		· · · · · · · · · · · · · · · · · · ·	C Outeto	JW.				Change	Addition
NAME Street Address			/	STRE	EET ADDRESS				
CITY-ST-ZIP					-SI-ZP				
11. I hereby certify that the information supplied with this filing elbes 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 certify 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: SIGNATURE AND TYPES OR PRINTED AME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPREMENTATIVE Date Digital Phone #									