

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90084 040 \*\*\*\*50.00

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05042006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L01000002858</b> 1. Entity Name <b>AQUA SUN INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HTS, OH 44130</b>			Mailing Address <b>6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HTS, OH 44130</b>		
2. Principal Place of Business <b>6755 ENGLE ROAD</b>		3. Mailing Address <b>6755 ENGLE ROAD</b>			
Suite, Apt. #, etc. <b>STE A</b>		Suite, Apt. #, etc. <b>STE A</b>			
City & State <b>MIDDLEBURG HEIGHTS, OH</b>		City & State <b>MIDDLEBURG HEIGHTS, OH</b>		4. FEI Number <b>34-1955708</b>	
Zip <b>44130</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>44130</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MORAITIS, GEORGE R 915 MIDDLE RIVER DR., #506 FT LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMSDOLL, ROBERT J 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HTS, OH 44130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMSDOLL, TODD C 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HTS, OH 44130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMSDOLL, TODD C 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HTS, OH 44130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMSDOLL, TODD C 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HTS, OH 44130	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMSDOLL, TODD C 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HTS, OH 44130	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____		MANAGING MEMBER		5/4/06 440/891-4100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	