

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010237

FILED

02 OCT 17 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

AQUAMARINE L.C.

Principal Place of Business

2005 JEFFERSON ST., SUITE 205
HOLLYWOOD FL 33020

Mailing Address

2005 JEFFERSON ST., SUITE 205
HOLLYWOOD FL 33020

2. Principal Place of Business

2005 Jefferson st
Suite, Apt. #, etc. 205

3. Mailing Address

2005 Jefferson st
Suite, Apt. #, etc. 205

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-1117607

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINOZA, MAURA
2005 JEFFERSON ST., SUITE 205
HOLLYWOOD FL 33020

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

Signature typed or printed name of registered agent acceptable if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	GAMBOA, JUAN	2005 JEFFERSON ST., SUITE 205	HOLLYWOOD FL 33020	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: **SIGNATURE REQUIRED**

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

Date 9-16-02 Daytime Phone #

(954)925-2456

CR2E083 (4/02)