


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022176 1. Entity Name AQUAPULSE INTERNATIONAL, L.L.C.	
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Principal Place of Business 450 NORTH STATE ROAD 7 PLANTATION, FL 33317	Mailing Address 450 NORTH STATE ROAD 7 PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1159430	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONREY, RICHARD W SR.
450 NORTH STATE ROAD 7
PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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 and 2006 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONREY, RICHARD W SR. 11050 SW 42ND PLACE DAVIE, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONREY, SHAWN C 4250 SW 109 AVE DAVIE, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOFGREN, PER G 5882 NE 17TH RD FT LAUDERDALE, FL 33334
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONREY, RICHARD W JR 4250 SW 109 AVE DAVIE, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOFGREN, TORBJORN G 5295 NE 20TH AVE FT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/10/05-80052-010 55.00

**DO NOT WRITE
IN THIS SPACE**

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: *Richard W. Conrey Sr.*

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

Date

Daytime Phone #