

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010231

FILED  
Mar 04, 2004  
Secretary of State

Entity Name: AQUADEMICS, LLC

## Current Principal Place of Business:

7925 NW 12TH STREET STE. 318  
MIAMI, FL 33126

## New Principal Place of Business:

7925 NW 12TH STREET STE. 407  
MIAMI, FL 33126

## Current Mailing Address:

7925 NW 12TH STREET STE. 318  
MIAMI, FL 33126

## New Mailing Address:

7925 NW 12TH STREET STE. 407  
MIAMI, FL 33126

FEI Number: 81-0604616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACOSTA, ARENA J CPA  
7925 NW 12TH STREET STE. 318  
MIAMI, FL 33126

## Name and Address of New Registered Agent:

ACOSTA, ARENA J CPA  
7925 NW 12TH STREET STE. 407  
MIAMI, FL 33126

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.

SIGNATURE:

03/04/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: ARTZE, EDDIE  
Address: 7925 N.W. 12TH STREET SUITE 407  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Change (X) Addition  
Name: DILL, DEREK  
Address: 7925 N.W. 12TH STREET SUITE 407  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDDIE ARTZE

MGRM

03/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date