

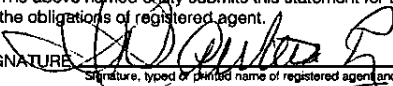
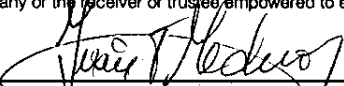


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90129 036 \*\*\*\*50.00

<b>DOCUMENT # L03000025586</b> 1. Entity Name <b>AGUAMARINA INVESTMENT, LLC</b>					
Principal Place of Business <b>7801 NW 72ND AVENUE MEDLEY, FL 33166</b>			Mailing Address <b>7801 NW 72ND AVENUE MEDLEY, FL 33166</b>		
<b>C/O Cantera &amp; Associates Inc.</b>					
2. Principal Place of Business <b>7801 N.W. 72nd Avenue</b>		3. Mailing Address <b>2300 Coral Way</b>			
Suite, Apt. #, etc. <b>FL 33166</b>		Suite, Apt. #, etc. <b>Suite # 200</b>			
City & State <b>Medley, FL 33166</b>		City & State <b>Miami, Florida</b>			
Zip <b>33166</b>		Zip <b>33145</b>		4. FEI Number <b>55-0850816</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FINEBERG, LIBO B 3500 GATEWAY DRIVE, STE. 201 POMPANO BEACH, FL 33069-4870</b>			7. Name and Address of New Registered Agent Name <b>FLORIDA ANNUAL REPORT SERVICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 CORAL WAY</b> City <b>MIAMI</b> FL Zip Code <b>33145</b>		
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  <b>AMADA CANTERA LOPEZ, President</b> 3/15/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MEDEROS GONZALEZ, YVAN JOSE 7801 NW 72ND AVENUE MEDLEY, FL 33166</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>3/15/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <b>Yvan Jose Mederos, Mgrm.</b>					