
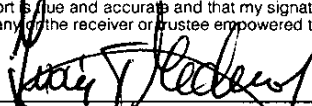


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | | | |
|--|--|---------|--|---|---|---|--|
| DOCUMENT # L03000025586 1. Entity Name AGUAMARINA INVESTMENT, LLC | | | |  | | FILED 07 MAR 27 PM 1:23 FLORIDA STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 7801 NW 72ND AVENUE MEDLEY, FL 33166 | | | | Mailing Address C/O CANTERA & ASSOCIATES INC. 2300 CORAL WAY STE 200 MIAMI, FL 33145 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICES 2300 CORAL WAY MIAMI, FL 33145 | | | | 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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MEDEROS GONZALEZ, YVAN JOSE <input type="checkbox"/> Delete 7801 NW 72ND AVENUE MEDLEY, FL 33166 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">800095996578</div> <div style="font-size: 0.8em;">04/08/07--01036--006 **55.00</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;">\$23/27</div> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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. | | | | | | | |
| SIGNATURE:  | | | | <div style="display: flex; justify-content: space-between;"> 2/26/07 (305)856-0056 </div> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> YVAN JOSE MEDEROS GONZALEZ, MGRM | | | | | | | |