


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025589		
1. Entity Name AGUAMARINA II INVESTMENT, LLC		

Principal Place of Business 7801 NW 72ND AVENUE MEDLEY, FL 33166	Mailing Address C/O CANTERA & ASSOCIATES 2300 CORAL WAY STE 200 MIAMI, FL 33145
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 MAY -2 PM 5: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0850814	Applied For Not Applicable
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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	
FLORIDA ANNUAL REPORT SERVICE 2300 CORAL WAY STE 200 MIAMI, FL 33145		Name <u>Corporate Process Services</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>2300 Coral Way</u>	
		City <u>Miami</u>	FL Zip Code <u>33145</u>

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 Vivian Williams DATE 4/29/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEDEROS GONZALEZ, YVAN JOSE 7801 NW 72ND AVENUE MEDLEY, FL 33166	<input type="checkbox"/> Delete	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	200054034392 05/09/05--01007--001 **55.00	<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 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: D. Mederos DATE 4/29/05 305-856-0056

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