


2007 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 MAR 27 PM 1:25
CLERK OF STATE
TALLAHASSEE, FLORIDA



01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 55-0850814		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
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 FL Zip Code

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 _____

**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 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 600095996596 04/06/07--01036--007 **\$5.00
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/07 (305) 836-0056
Date Daytime Phone #

YVAN JOSE MEDEROS GONZALEZ, MGRM