2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State 05-01-2008 90016 033 ***143.75 **DOCUMENT # L03000025589** AGUÁMARINA II INVESTMENT, LLC 60036568 Principal Place of Business Mailing Address 7801 NW 72ND AVENUE C/O CANTERA & ASSOCIATES 2300 CORAL WAY STE 200 MEDLEY, FL 33166 MIAMI, FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 55-0850814 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE PROCESS SERVICES Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY MIAMI, FL 33145 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE Change ☐ Addition NAME MEDEROS GONZALEZ, YVAN JOSE NAME STREET ADDRESS 7801 NW 72ND AVENUE STREET ADDRESS MEDLEY, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 the 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 of the receiver outrystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

305-856-0056

FILED