

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90040 023 \*\*\*\*50.00

34000089



**DOCUMENT # L03000038933**

1. Entity Name  
**AQUASUN REALTY, LLC**



Principal Place of Business  
**312 MINORCA AVENUE  
CORAL GABLES, FL 33134**

Mailing Address  
**312 MINORCA AVENUE  
CORAL GABLES, FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**36-4541347**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131**

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 resigning) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Maria Elena Carrillo 520 Pinecrest Drive Miami Springs, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Odalis Sierra 5751 S.W. 59 Place S. Miami, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Miguel Tomas 312 Minorca Avenue Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of Address Only
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: Y. Carrillo 1/9/04 305-448-7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #