2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/12

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-12-2004 90130 032 ****50.00

DOCUMENT # L03000042505

1. Entity Name
ACQUA3002, LLC

Principal Place of Business	Mailing Address
18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160

34009538

2. Principal Place of Business		3. Mailing Address	
Re/Max Best Seller Realty		18206 Collins Avenue	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: Sunny Isles		City & State: Florida	
Zip: 33160	Country: USA	Zip: 33160	Country: USA

07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 65-0958317 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOTTE, VIVIANA
18206 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name: Herman Gleizer
Street Address (P.O. Box Number is Not Acceptable): 18206 Collins Avenue
City: Sunny Isles FL Zip Code: 33160

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] DATE: 7/7/4

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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MASRI, SIMON 18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BOTTE, VIVIANA 18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]

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