2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

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
18206 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

Mailing Address
18206 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

34009538

2. Principal Place of Business
RelMax Best-Seller Realty
Suite, Apt. #, etc.
—
City & State: Sunny Isles
Zip: 33160
Country: USA

3. Mailing Address
18206 Collins Avenue
Suite, Apt. #, etc.
—
City & State: Florida
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: Heman 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 _____ DATE 7/7/4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR ☐ Delete
NAME	MASRI, SIMON
STREET ADDRESS	18206 COLLINS AVE.
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGR ☐ Delete
NAME	BOTTE, VIVIANA
STREET ADDRESS	18206 COLLINS AVE.
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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