

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000009655**

1. Entity Name  
**AQUA TECH ENERGY, LLC**



Principal Place of Business

**2005 WEST CYPRESS CREEK ROAD, SUITE 202  
FT. LAUDERDALE, FL 33309**

Mailing Address

**2005 WEST CYPRESS CREEK ROAD, SUITE 202  
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0652965**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUTTERS, SAMUEL  
2005 WEST CYPRESS CREEK ROAD, SUITE 202  
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000499644  
04/24/06-80039-004 50.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTTERS, SAM 2005 W CYPRESS CIRCLE, # 202 FORT LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**BARRY LASSMAN**

Date

Daytime Phone #

**4/5/06 954-771-5056**