

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040566

Entity Name: AQUAMARINA, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

16105 N.E. 18TH AVE.
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

16105 N.E. 18TH AVE.
MIAMI, FL 33162

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RONES, VICTOR ESQ
16105 N.E. 18TH AVE.
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAFTEL, MICHEL J
Address: 19495 BISACAYNE BLVD. , SUITE 302
City-St-Zip: AVENTURA, FL 33180

Title: MMGR () Delete
Name: EMILY, GALSKY
Address: 19495 BISCAYNE BLVD. , SUITE 302
City-St-Zip: AVENTURA, FL 33180

Title: MMGR () Delete
Name: ABY, GALSKY
Address: 19495 BISCAYNE BLVD. , SUITE 302
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHEL J. HAFTEL

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date