


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90276 037 \*\*\*\*\*50.00

<b>DOCUMENT # L04000051159</b>	
1. Entity Name <b>AARO WATERPROOFING LLC</b>	

Principal Place of Business <b>2857 VILLA WOODS CIRCLE GULF BREEZE FL 32563</b>	Mailing Address <b>2857 VILLA WOODS CIRCLE GULF BREEZE FL 32563</b>
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2. Principal Place of Business - No P.O. Box # <b>2758 VILLA WOODS CIRCLE</b>	3. Mailing Address <b>2758 VILLA WOODS CIRCLE</b>
Suite, Apt. #, etc. <b>GULF BREEZE FL.</b>	Suite, Apt. #, etc. <b>GULF BREEZE FL</b>
City & State	City & State

1st MOORE CR2E083 (10/06)

Zip <b>32563</b>	Country	Zip <b>32563</b>	Country
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4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH FL 32547</b>
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7. Name and Address of New Registered Agent Name <b>REBEL P. VEAZEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2758 VILLA WOODS CIRCLE</b> City <b>GULF BREEZE</b> FL Zip Code <b>32563</b>
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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 <b>Rebel P. Veazey</b> <small>Signature, typed or printed name of registered agent, if still applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when re-instating)</small>

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
<b>MGRM REBEL, VEAZEY 2758 VILLA WOODS CIR GULF BREEZE FL 32563</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: <b>Rebel P. Veazey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>REBEL P. VEAZEY 2/6/07 850 916 0976</b> <small>Date Daytime Phone #</small>