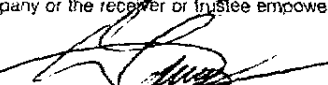


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000068981 1. Entity Name TURNER WAGNER AQUATIC, LLC.					
Principal Place of Business 14151 NORTH WEST 2ND AVENUE MIAMI FL 33168 US			Mailing Address 14151 NORTH WEST 2ND AVENUE MIAMI FL 33168 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 90-0199522	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applied	
6. Name and Address of Current Registered Agent PITTER, CARL S MR. 7435 NORTH WEST 57TH STREET TAMARAC FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, ERIC L MR. 14151 NORTH WEST 2ND AVENUE MIAMI FL 33168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAGNER, MICHAEL D MR. 312 SOUTH 5TH STREET PERKASIE PA 18944	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, LINETTE M MS. 14151 NORTH WEST 2ND AVENUE MIAMI FL 33168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, THOMAS S MR. 267 LAMAR SMITH DRIVE NEWMAN GA 30263	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADERSTROM, LARS MR. 215 HARRIS STREET ROCKWOOD OT NOB2K-O	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVERNE, J C DR. 215 HARRIS STREET ROCKWOOD OT NOB2K-O	☐ Delete			
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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.					
SIGNATURE:  ERIC L TURNER 3-30-06 305 68.					