## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000068981

Entity Name: TURNER WAGNER AQUATIC, LLC.

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 14151 NORTH WEST 2ND AVENUE MIAMI, FL 33168 US **Current Mailing Address: New Mailing Address:** 14151 NORTH WEST 2ND AVENUE MIAMI, FL 33168 US FEI Number: 90-0199522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PITTER, CARL S MR 7435 NORTH WEST 57TH STREET TAMARAC, FL 33319 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TURNER, ERIC L MR. Name: Name: 14151 NORTH WEST 2ND AVENUE Address: Address: City-St-Zip: MIAMI, FL 33168 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition WAGNER, MICHAEL D MR. Name: Name: Address: 312 SOUTH 5TH STREET Address: City-St-Zip: PERKASIE, PA 18944 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition TURNER, LINETTE M MS. Name: Name: 14151 NORTH WEST 2ND AVENUE Address: Address: City-St-Zip: MIAMI, FL 33168 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: WEBB, THOMAS S MR. Name: Address: 267 LAMAR SMITH DRIVE Address: City-St-Zip: NEWMAN, GA 30263 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SADERSTROM, LARS MR. Name: Name: 215 HARRIS STREET Address: Address: City-St-Zip: ROCKWOOD, OT NOB2KO CA City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEVERNE, J C DR. Name: Name: Address: 215 HARRIS STREET Address: ROCKWOOD, OT NOBK2O CA City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LINNETTE M. TURNER MGR 04/27/2007