

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90155 022 \*\*\*\*50.00

**DOCUMENT # L04000074365**

1. Entity Name  
**AQUA DEVELOPERS WORLDWIDE, LLC.**



Principal Place of Business  
**7130 N.W. 109TH. COURT  
MIAMI, FL 33178**

Mailing Address  
**7130 N.W. 109TH. COURT  
MIAMI, FL 33178**

**20003705**



2. Principal Place of Business  
**1065 Belle Meade Is. Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1065 Belle Meade Is. Dr.**  
Suite, Apt. #, etc.

01272006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami, Florida**  
Zip  
**33138**  
Country  
**USA**

City & State  
**Miami, Florida**  
Zip  
**33138**  
Country

4. FEI Number  
**06-1736660**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AQUINO, ROCIO  
7130 N.W. 109TH. COURT  
MIAMI, FL 33178**

**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 reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	AQUINO, ROCIO	
STREET ADDRESS	7130 N.W. 109TH COURT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KEY, JOEL E	
STREET ADDRESS	1065 BELLE MEADE ISLAND DRIVE	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BELTRAN, SAMUEL	
STREET ADDRESS	650 CARRINGTON DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*[Handwritten Signature]* 01/27/2006 *Joel E. Key NGLM*