

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90043 042 ****50.00

DOCUMENT # L04000079957

1. Entity Name
AQUA VISTA HOLDINGS, LLC



Principal Place of Business 2200 SOUTH DIXIE HWY, SUITE 705 MIAMI, FL 33133	Mailing Address 2200 SOUTH DIXIE HWY, SUITE 705 MIAMI, FL 33133
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30008036



2. Principal Place of Business 2200 SOUTH DIXIE HWY	3. Mailing Address 2200 SOUTH DIXIE HWY
Suite, Apt. #, etc. SUITE # 705	Suite, Apt. #, etc. SUITE # 705
City & State COCONUT GROVE	City & State COCONUT GROVE
Zip 33133	Zip 33133
Country DADE	Country DADE

04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3133259	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

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 _____ DATE **4-15-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ronquale Romi** DATE: **4/15/05** TELEPHONE: **305-858-2286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE