

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085795

Entity Name: AQUONE PARTNERS LLC

FILED
Aug 30, 2005
Secretary of State

Current Principal Place of Business:

2105 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

2105 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUEST, THERESA K
2105 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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:

Title: MGRM () Delete
Name: THERESA K GUEST REVO, CABLE FAMILY T R UST
Address: 2105 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM () Delete
Name: SELIG, W MICHAEL
Address: 200 WILLARD ST
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: PEREIRA, A BRUNO
Address: 15 INDIAN RIVER DR #501
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: LANGSTON, TIMOTHY S
Address: 1875 HIDDEN LAKE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: WILLIAM AND LINDA DA, LE TRUST
Address: 630 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THERESA GUEST

MGRM

08/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date