

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000085795

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** AQUONE PARTNERS LLC

**Current Principal Place of Business:**

2105 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

280 N TROPICAL TRL  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 20-1932280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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  
**Name:** THERESA K GUEST REVOCABLE FAMILY TRUST  
**Address:** 2105 S TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32952

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

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

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

**Title:** MGRM  
**Name:** WILLIAM AND LINDA DALE TRUST  
**Address:** 630 N TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32953

I hereby 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:** LINDA P DALE

MGRM

02/22/2010

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