

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000010300

Entity Name: AQUEOUS, LC

FILED
Dec 14, 2009
Secretary of State**Current Principal Place of Business:**18487 SE FEDERAL HWY
SUITE 3
TEQUESTA, FL 33469**New Principal Place of Business:****Current Mailing Address:**18487 SE FEDERAL HWY
SUITE 3
TEQUESTA, FL 33469**New Mailing Address:**

FEI Number: 20-1528996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BUTLER, ROBERT P
2474 TREASURE ISLE DR
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: BUTLER, ROBERT P
Address: 2474 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: BUTLER, ROBERT P
Address: 2474 TREASURE ISLE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410Title: T () Change (X) Addition
Name: BUTLER, LAN L
Address: 2474 TREASURE ISLE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ROBERT P. BUTLER

MGRM

12/14/2009

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