

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90119 046 \*\*\*\*50.00

**DOCUMENT # L05000043047**

1. Entity Name  
**AQUAROCK POOLS, LLC**



Principal Place of Business 4881 CYPRESSWOODS DR 3314 ORLANDO, FL 32811 US	Mailing Address 4881 CYPRESSWOODS DR 3314 ORLANDO, FL 32811 US
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2. Principal Place of Business 4881 cypress woods Dr Suite, Apt. #, etc. 3314	3. Mailing Address 4881 cypress Woods Dr Suite, Apt. #, etc. 3314
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City & State Orlando, FL	City & State Orlando, FL
Zip 32811	Country USA
Zip 32811	Country USA



07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2803712	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AGUADO, CARLOS A**  
**4881 CYPRESSWOODS DR**  
**3314**  
**ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State **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 \_\_\_\_\_ (NOTE: Registered Agent signature required) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE P	AGUADO, CARLOS A <input type="checkbox"/> Delete
STREET ADDRESS	4881 CYPRESSWOODS DR
CITY-ST-ZIP	KISSIMMEE, FL 32811
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE P	AGUADO, CARLOS A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4881 cypress woods Dr #3314
CITY-ST-ZIP	Orlando, FL 32811
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
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:** \_\_\_\_\_ **6/30/06** **407 947 4146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #