

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90433 035 \*\*\*\*50.00

DOCUMENT # L05000052275

1. Entity Name  
**AQUATEC, LLC**



Principal Place of Business  
**3825 MARINERS WALK #612**  
**CORTEZ, FL 34215**

Mailing Address  
**3825 MARINERS WALK #612**  
**CORTEZ, FL 34215**

00003200



1st MOORE CR2E083 (10/05)

2. Principal Place of Business  
**3825 MARINERS WALK**  
 Suite, Apt. #, etc.  
**#612**

3. Mailing Address  
**3825 MARINERS WALK**  
 Suite, Apt. #, etc.  
**#612**

City & State  
**CORTEZ FL**

City & State  
**CORTEZ FL**

4. FEI Number  
**20-2957270**

Applied For  
 Not Applicable

Zip  
**34215**

Country  
**MANATEE**

Zip  
**34215**

Country  
**MANATEE**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent  
**LAWSON, IRENE J**  
**318 POINSETTIA RD**  
**ANNA MARIA FL 34216**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3825 MARINERS WALK #612**  
 City **CORTEZ** FL Zip Code **34215**

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

*Irene J. Lawson*

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAWSON, IRENE J 318 POINSETTIA RD ANNA MARIA FL 34216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAWSON, DELMAR E 313 POINSETTIA RD ANNA MARIA FL 34216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3825 MARINERS WALK #612 CORTEZ, FL 34215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3825 MARINERS WALK #612 CORTEZ, FL 34215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Irene J. Lawson*

4-2-06

941-798-3429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #