

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90233 042 \*\*\*138.75

60020459



03252008 Chg-LLC CR2E083 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 2812 124th Ave E		3. Mailing Address 2812 124th Ave E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Parrish, FL		City & State Parrish, FL	
Zip 34219	Country Manatee	Zip 34219	Country Manatee
6. Name and Address of Current Registered Agent LAWSON, IRENE J 3825 MARINERS WALK #612 CORTEZ, FL 34215		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2812 124th Ave E City Parrish, FL Zip Code 34219	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWSON, IRENE J 3825 MARINERS WALK #612 CORTEZ, FL 34215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2812 124th Ave E Parrish, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWSON, DELMAR E 3825 MARINERS WALK #612 CORTEZ, FL 34215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2812 124th Ave E Parrish, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <i>Irene J Lawson</i>		Date: 3-30-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	