

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067280

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: AQUA TERRA HOLDINGS, LLC

## Current Principal Place of Business:

137A HUNTER LAKE DRIVE  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

3060 BOLT DRIVE  
PALM HARBOR, FL 34685 US

## Current Mailing Address:

137A HUNTER LAKE DRIVE  
OLDSMAR, FL 34677 US

## New Mailing Address:

3060 BOLT DRIVE  
PALM HARBOR, FL 34685 US

FEI Number: 20-3114328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORSATTI, CHAD T  
3204 ALTERNATE 19 NORTH  
PALM HARBOR, FL 34683 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 ( ) Delete  
Name: MCDONALD, DENNIS  
Address: 137A HUNTER LAKE DRIVE  
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM ( ) Delete  
Name: HALL, DEBRA  
Address: 3060 BOLT DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HALL, DEBRA A  
Address: 3060 BOLT DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

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: DEBRA A. HALL/DEBRA A. HALL

MGRM

04/26/2009

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