

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000081146 1. Entity Name AQUA SUN TECHNOLOGIES, LLC |  |
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|---|---|
| Principal Place of Business 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174 | Mailing Address 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174 |
|---|---|

DO NOT WRITE IN THIS SPACE



01192007No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-3382586 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

KENNEDY, R. MICHAEL
3 SUNSHINE BLVD.
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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 when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARLSON, DEAN 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000643477
03/02/07-80003-022 50.00

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IN THIS SPACE**

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:  Date: 1-14-07 Daytime Phone #: 386-677-0573

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