

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000082795



FILED

2008 DEC 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082008 REIN-LLC CR2E101 (1/07)

1. Entity Name
AQUA MARINA, LLC

Principal Place of Business
**1110 BRICKELL AVE
SUITE 200
MIAMI, FL 33131**

Mailing Address
**1110 BRICKELL AVE
SUITE 200
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #
1221 Brickell Avenue
Suite, Apt. #, etc.
937

3. Mailing Address
1221 Brickell Avenue
Suite, Apt. #, etc.
937

City & State
Miami, FL
Zip
33131
Country
USA

City & State
Miami, FL
Zip
33131
Country
USA

4. FEI Number
71-0989055
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DE CESPEDES, CARLOS
1200 BRICKELL AVENUE, SUITE 1440
MIAMI, FL 33131**

7. Name and Address of New Registered Agent
Name **David R. Softness**
Street Address (P.O. Box Number is Not Acceptable)
**100 SE Second Street
Suite 3400**
City **Miami** FL Zip Code **33131**

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 **12/9/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAN LORENZO INVESTMENTS, LLC 2655 COLLINS AVE. APT. 1911 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENRAL, CARLOS ALBERTO 5770 SW 46 TERR MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATIN AMERICAN INVESTMENTS, LLC 800 CLAUGHTON ISLAND DR. #2703 MIAMI, FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERICO, JORGE 789 CRANDON BLVD. APT. 1501 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTANDER, GUSTAVO 910 NORTH SHORE DRIVE MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300139018523 12/15/08--01046--020 **238.75
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 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 **12/10/08** Daytime Phone #

REINSTATEMENT