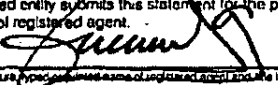
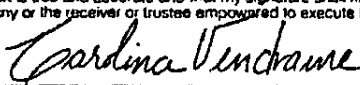


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2006-90069-049-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 11:24

DOCUMENT # L05000084035					
1. Entity Name R&C AQUATIC GROUP LLC					
Principal Place of Business 12059 SW 117TH AVE MIAMI, FL 33186			Mailing Address 14316 SW 158TH PLACE MIAMI, FL 33196		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FE Number 16-7730751	
5. Certificate of Status D				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address c.	
REVILLA, VALDEMAR 14316 SW 158TH PLACE MIAMI, FL 33176				Name OBS CONSULTANTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON ROAD Ste 306 City Weston FL 33326	
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					
Filing Fee is \$50.00 Due by September 6, 2006					
Make check payable to Florida Department of State					
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REVILLA, VALDEMAR 14316 SW 158TH PLACE MIAMI, FL 33196	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolina Vendrame 14316 SW 158th Place miami, FL 33196	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONTRERAS, JESLY 14316 SW 158TH PLACE MIAMI, FL 33196	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					