2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000118425

1. Entity Name AQUA BLOX, LLC



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

2253 VISTA PKWY., SUITE 12 WEST PALM BCH, FL 33411

Mailing Address

2253 VISTA PKWY., SUITE 12 WEST PALM BCH, FL 33411



02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3929271

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAILE, SHAW & PFAFFENBERGER, P.A. 660 U.S. HIGHWAY #1, 3RD FLOOR NORTH PALM BCH, FL 33408

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3-28-08

561-687-7565

Daytme Phone #

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	Agent signature required when	reinstating)		DATE	
	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75			g sames) 0000889295	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM SCHOOLEY, IV, CHARLES W 2939 MARY'S WAY PALM BEACH GARDENS, FL 33410				04722	708-80n48-n07 143.°	ទើ
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	ŇOT	WRITE	
name Street address City-St-Zip				IN	THIS	SPACE	
NAME STREET ADDRESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							

Marles W Schooley IV

AUTHORIZED REPRESENTATIVE