

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000119526

FILED
Aug 22, 2008
Secretary of State

Entity Name: AQUA - TERRA DYNAMICS, LLC

Current Principal Place of Business:

4720 S.E. 15TH AVENUE, #201
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4720 S.E. 15TH AVENUE, #201
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-3901682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDERON, THOMAS
809 WALKERBILT ROAD, SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX & FINANCIAL STRATEGISTS, LLC
3365 WOODS EDGE CIRCLE
1-5
BONITA SPRINGS, FL 34134 US

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: THOMAS WANDERON

08/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELDIN HOTIC, P.E., I, NC.
Address: 605 S.E. 20TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR (X) Delete
Name: SCOTT R. VAUGHN, P.E., INC.
Address: 116 S.E. 23RD TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELDIN HOTIC, P.E., I, NC.
Address: 605 S.E. 20TH STREET
City-St-Zip: CAPE CORAL, FL 33990

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

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: ELDIN HOTIC

MGRM

08/22/2008

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