

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000032196

Entity Name: AQUASOL 8C, LLC

FILED  
Mar 07, 2007  
Secretary of State

**Current Principal Place of Business:**

17070 COLLINS AVENUE, STE. 258  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

21200 POINT PL 38TH AV.  
SUITE 903  
AVENTURA, FL 33180

**Current Mailing Address:**

17070 COLLINS AVENUE, STE. 258  
SUNNY ISLES, FL 33160

**New Mailing Address:**

21200 POINT PL 38TH AV  
SUITE 903  
AVENTURA, FL 33180

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARVESU & ASSOCIATES, PLLC  
201 ALHAMBRA CIRCLE, STE. 502  
CORAL GABLES, FL 33034 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MONTES, JUAN PABLO  
Address: 17070 COLLINS AVENUE, STE. 258  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete  
Name: MONICA, MARTINEZ  
Address: 21200 POINT PL  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN PABLO MONTES

MGM

03/07/2007

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