

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90253 032 ****50.00

DOCUMENT # L06000039945					
1. Entity Name AQUA 2703 LLC					
Principal Place of Business 1300 E. WOODFIELD ROAD, SUITE 300 SCHAUMBURG, IL 60173-5446			Mailing Address 1300 E. WOODFIELD ROAD, SUITE 300 SCHAUMBURG, IL 60173-5446		
2. Principal Place of Business - No P.O. Box # 1300 E. WOODFIELD ROAD		3. Mailing Address 1300 E. WOODFIELD ROAD			
Suite, Apt. #, etc. STE 500		Suite, Apt. #, etc. STE 500			
City & State Schaumburg, IL		City & State Schaumburg, IL			
Zip 60173-4984		Zip 60173-4984			
Country USA		Country USA		04122007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 37-1433707				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARATI, MARK J 1300 E. WOODFIELD ROAD, SUITE 300 SCHAUMBURG, IL 601735446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARATI, MARK J. 1300 E. WOODFIELD ROAD STE 500 SCHAUMBURG, IL 60173-4984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: _____ <i>MARK J. Barati</i> 4-13-2007 847-330-9705					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					