## 2007 LIMITED LIABILITY COMPANY

## Jan 17, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000068693 01-17-2007 90012 010 \*\*\*\*55.00 AQUÁRIUS FLORIDA LLC Principal Place of Business Mailing Address 2275 BRUNER LANE, SUITE 1 2275 BRUNER LANE, SUITE 1 FT. MYERS, FL 33912 FT. MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Country Zip \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLER, RAYMOND 2275 BRUNER LANE, SUITE 1 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33912 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 Signature, typed or printed name of registered agent and title if applicable. (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition KELLER, RAYMOND NAME NAME STREET ADDRESS 2275 BRUNER LANE, SUITE 1 STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-7IP MGRM Delete TITLE ☐ Change ☐ Addition KELLER, DAWN NAME NAME STREET ADDRESS 2275 BRUNER LANE, SUITE 1 STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supp indicated on this report is true and a limited liability company

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATUR

NAME

STREET ADDRESS

**FILED**