2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

2/1

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-18-2008 90072 019 ***143.75

DOCUMENT # L07000017565

1. Entity Name

AQUA BLUE SKY, LLC

30002397

Principal Place of Business	Mailing Address
8923 SW 96TH STREET MIAMI FL 33176	8923 SW 96TH STREET MIAMI FL 33176

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7971 SW. 110 TERR	287 LANGLEY RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT 36
City & State MIAMI - FLORIDA	City & State NEWTON - MA.
Zip 33156 Country USA	Zip 02459 Country USA

4. FEI Number 26-2153987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMONT, VALENTINA 12344 SW 27TH STREET MIAMI FL 33175	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BELLO, JOSE A 8923 SW 96TH STREET MIAMI FL 33176	☐ Delete "CHANGE OF ADDRESS" →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BELLO, JOSE A 287 LANGLEY RD. UNIT 36 NEWTON - MA 02459	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BELLO, JESSICA 8923 SW 96TH STREET MIAMI FL 33176	☐ Delete "CHANGE OF ADDRESS + NAME CORRECTION"	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BELLO, JESICA 287 LANGLEY RD. UNIT 36 NEWTON - MA 02459	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BELLO, PAULA 8929 SW 96TH STREET MIAMI FL 33176	☐ Delete "CHANGE OF ADDRESS"	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BELLO, PAULA 287 LANGLEY RD. UNIT 36 NEWTON - MA 02459	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paula Bello MANAGING MEMBER PAULA BELLO 01-30-08 305 5277120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #