

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093728

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: AQUALLUSION DESIGN CONCEPTS, LLC

**Current Principal Place of Business:**

1832 S. DIVISION AVENUE  
ORLANDO, FL 32805

**New Principal Place of Business:**

1815 S. DIVISION AVENUE  
ORLANDO, FL 32805

**Current Mailing Address:**

1832 S. DIVISION AVENUE  
ORLANDO, FL 32805

**New Mailing Address:**

1815 S. DIVISION AVENUE  
ORLANDO, FL 32805

FEI Number: 26-1297445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE  
SUITE 200  
ORLANDO, FL 32804 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: MCKNIGHT, DAVE  
Address: 1832 S. DIVISION AVENUE  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCKNIGHT, DAVE  
Address: 1815 S. DIVISION AVENUE  
City-St-Zip: ORLANDO, FL 32805

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: DAVID MCKNIGHT

PRES

04/06/2009

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