

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112754

FILED  
Mar 26, 2010  
Secretary of State

Entity Name: INVERSIONES AQUAMAR, LLC

**Current Principal Place of Business:**

9 WEST FLAGLER STREET  
MIAMI, FL 33130 US

**New Principal Place of Business:**

**Current Mailing Address:**

9 WEST FLAGLER STREET  
MIAMI, FL 33130 US

**New Mailing Address:**

FEI Number: 26-4093604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FLORIDA ANNUA REPORT SERVICES, INC  
2300 CORAL WAY  
MIAMI, FL 33145 US

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

FLORIDA ANNUA REPORT SERVICES, INC  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

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

03/26/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CESPEDES DE RINCON, GERENALDA  
Address: 9 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33145 US

Title: MGR  
Name: RINCON CESPEDES, GUIDO J  
Address: 9 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130 US

Title: MGR  
Name: RINCON CESPEDES, GAMARIEL A  
Address: 9 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130 US

Title: MGR  
Name: RINCON C. DE RINCON, GLADYS V  
Address: 18851 NE 29TH AVE. STE 900  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: RINCON CESPEDES, GUSTAVO A  
Address: 9 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130 US

I hereby 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: GERENALDA CESPEDES DE RINCON

MGR

03/26/2010

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