

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001020 1. Entity Name AQUADI DREAMS, L.C.	
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Principal Place of Business 1350 ALTERNATE A1A JUPITER, FL 33469	Mailing Address 1350 ALTERNATE A1A JUPITER, FL 33469
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0898152	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ABDELAZIZ, AQUADI 1350 ALTERNATE A1A WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE

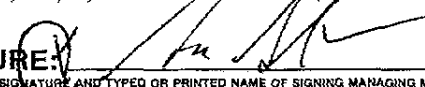
**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AQUADI, ABDELAZIZ 1350 ALTERNATE A1A PALM BEACH, FL 33469
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07/29/04-80001-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ABDELAZIZ AQUADI** 7/27/04 (561) 775-1864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #