

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001234

Entity Name: AQUAORGANICS LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

3130 SANTA FE TRAILS
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

510 KINGSWAY RD
BRANDON, FL 33510

New Mailing Address:

FEI Number: 20-4254306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSOKE, MICHAEL
8027 RIDGEGREEN DRIVE
LAKELAND, FL 33510 US

Name and Address of New Registered Agent:

MUSOKE, MICHAEL
3130 SANTA FE TRAILS
POLK CITY, FL 33868 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: MICHAEL MUSOKE

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: MUSOKE, MICHAEL
Address: 8027 RIDGEGREEN DRIVE
City-St-Zip: LAKELAND, FL 33510

Title: MGMR () Delete
Name: LOEDING, BARBARA
Address: 510 KINGSWAY DRIVE
City-St-Zip: BRANDON, FL 33510

Title: MGMR () Delete
Name: CUELLAR, LELAND
Address: 510 KINGSWAY RD
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: MUSOKE, MICHAEL
Address: 3130 SANTA FE TRAIL
City-St-Zip: POLK CITY, FL 33868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL MUSOKE

MGRM

04/30/2008

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