

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 04, 2007
Secretary of State**

DOCUMENT# L06000040889

Entity Name: ACQUA 1911, LLC

Current Principal Place of Business:

2000 ISLAND BLVD., PH-10
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2000 ISLAND BLVD., PH-10
AVENTURA, FL 33160

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NERODENKOV, ANDREY
2000 ISLAND BLVD., PH-10
AVENTURA, FL 33160 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: MGR () Delete
Name: NERDOENKOV, ANDREY
Address: 2000 ISLAND BLVD., PH-10
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: KRUGLOVA-ARUTYUNYAN, ANNA
Address: 2000 ISLAND BLVD., PH-10
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: NERODENKOVA-KRUGLOVA, MARGARITA
Address: 2000 ISLAND BLVD., PH-10
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NERODENKOV ANDREY

MGR

01/04/2007

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