


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A01000000443							
1. Entity Name 1506 ACQUALINA PARTNERS, LTD.							
Principal Place of Business 1250 EAST HALLANDALE BEACH BLVD., STE 1008 HALLANDALE BEACH, FL 33009			Mailing Address 1250 EAST HALLANDALE BEACH BLVD., STE 1008 HALLANDALE BEACH, FL 33009				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 75-3027475			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MARBIN, EVAN R ESQ 48 EAST FLAGLER ST., STE. PH-104 MIAMI, FL 33131			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	L01000002287		STREET ADDRESS				
NAME	DST 1506, L.L.C.		CITY-ST-ZIP				
STREET ADDRESS	1250 EAST HALLANDALE BEACH BLVD., STE 1008						
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS				000000157944 05-07-04-80001-021 526.25			
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CITY-ST-ZIP							
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE		<i>Lorraine Tinsky</i> Lorraine Tinsky, Manager		4/28/04 9544553005			
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>			

STAPLE CHECK HERE