


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 06, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A01000000443</b>					
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		
Zip		Country	Zip		Country
6. 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	
				<b>FL</b>	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. <b>\$250,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
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					
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STREET ADDRESS					
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>By: [Signature]</i> DST 1506, L.L.C.				Date <i>4-22-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Lorraine Trinsky</i>				Daytime Phone # <i>305 371-2248</i>	



04152005 Chg-LP CR2E003 (10/03)

4. FEI Number **75-3027475** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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