


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90102 039 \*\*\*\*55.00

<b>DOCUMENT # L02000004794</b>	
1. Entity Name <b>AQUI ESTA MANAGEMENT, LLC</b>	

Principal Place of Business <b>318 TAMiami TRAIL UNIT 14 PUNTA GORDA, FL 33950</b>	Mailing Address <b>318 TAMiami TRAIL UNIT 14 PUNTA GORDA, FL 33950</b>
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20011662



2. Principal Place of Business <b>1205 ELIZABETH ST SUITE F</b>	3. Mailing Address <b>1205 ELIZABETH ST SUITE F</b>
City & State <b>PUNTA GORDA, FL</b>	City & State <b>PUNTA GORDA, FL</b>
Zip <b>33950</b>	Zip <b>33950</b>
Country <b>USA</b>	Country <b>USA</b>

02092005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>VAN GUCHT, HERMAN 318 TAMiami TRAIL UNIT 14 PUNTA GORDA, FL 33950</b>	
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4. FEI Number  
**01-0616066**

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent	
Name <b>VAN GUCHT, HERMAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1205 ELIZABETH ST SUITE F</b>	
City <b>PUNTA GORDA</b>	FL Zip Code <b>33950</b>

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 **VAN GUCHT, HERMAN** DATE **02-09-05**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VAN GUCHT, HERMAN 318 TAMiami TRAIL, UNIT 14 PUNTA GORDA, FL 33950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VAN GUCHT, HERMAN 1205 ELIZABETH ST, SUITE F PUNTA GORDA, FL 33948</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **VAN GUCHT, HERMAN** DATE **02-09-05** DAYTIME PHONE # **9415051748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE