

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90012 042 ****55.00

DOCUMENT # L02000004794

1. Entity Name
AQUI ESTA MANAGEMENT, LLC



Principal Place of Business
~~2105 ELIZABETH STREET~~
SUITE F
PUNTA GORDA, FL 33950

Mailing Address
~~2105 ELIZABETH STREET~~
SUITE F
PUNTA GORDA, FL 33950

2. Principal Place of Business
1205 ELIZABETH ST
Suite, Apt. #, etc.
SUITE F

3. Mailing Address
1205 ELIZABETH ST
Suite, Apt. #, etc.
SUITE F

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA

Zip
33950 Country

Zip
33950 Country
USA



03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0616066 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAN GUCHT, HERMAN
~~2105 ELIZABETH STREET~~
SUITE F
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1205 ELIZABETH ST
SUITE F
City PUNTA GORDA FL Zip Code 33950

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN GUCHT, HERMAN 2105 ELIZABETH STREET SUITE F PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1205 ELIZABETH ST, SUITE F</u> <u>PUNTA GORDA, FL 33950</u>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: HERMAN VAN GUCHT 3/24/06 944 505-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #