


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-17-2005 90101 027 ****55.00

DOCUMENT # L02000007142	
1. Entity Name AQUI ESTA, LLC	

Principal Place of Business 318 TAMiami TRAIL 14 PUNTA GORDA, FL 33950	Mailing Address 2704 HIBISCUS COURT PUNTA GORDA, FL 33950
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20011624

2. Principal Place of Business 1205 ELIZABETH ST SUITE F PUNTA GORDA, FL 33950	3. Mailing Address 1205 ELIZABETH ST SUITE F PUNTA GORDA, FL 33950
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02092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0423572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PALMER, RICHARD D 318 TAMiami TRAIL 14 PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name HERMAN VAN GUCHT Street Address (P.O. Box Number is Not Acceptable) 1205 ELIZABETH ST SUITE F City PUNTA GORDA FL 33950
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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 **HERMAN VAN GUCHT** DATE **02-09-05**

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AQUI ESTA MANGEMENT 318 TAMiami TRAIL 14 PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN GUCHT, Herman 1205 ELIZABETH ST, Suite F PUNTA GORDA, FL 33950 <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 606, Florida Statutes.

SIGNATURE: **VAN GUCHT, Herman** DATE **02-09-05**