2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000007778

1. Entity Name THE ACOSTA GROUP, LLC

Mailing Address

2200 N. COMMERCE PARKWAY, #100 WESTON, FL 33326

Principal Place of Business

2200 N. COMMERCE PARKWAY, #100 WESTON, FL 33326

FILED Apr 03, 2006 08:00 AM Secretary of State



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02152008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3639100

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered egent and title if applicable.

DELGADO, MARIO R P.A. 2000 PONCE DE LEON BLVD., #102 CORAL GABLES, FL 33134

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	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 accepted obligations of registered agent.	pt
SI	PAIATURE	

(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TRILE NAME STREET ADDRESS CHY-ST-ZIP	MGR ACOSTA, NELSON 2200 N. COMMERCE PKWY #100 WESTON, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-28P	
TUTLE NAME SUREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STHLET ADDRESS CITY-ST-ZIP	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this tiling these 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 508, Florida Statutes.

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

3-20-6

Daytime Phone #