


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007778

1. Entity Name
THE ACOSTA GROUP, LLC



Principal Place of Business % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131	Mailing Address % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

FILED
08 MAY 16 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 04-3639100	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA, NELSON 2200 N. COMMERCE PKWY #100 WESTON, FL 33326
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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 has been empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 4/22/08 Daytime Phone # _____

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