2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000017682

1. Entity Name
ALAQUA 638, LLC

Principal Place of Business	Mailing Address
10924 NORTHWEST 69 STREET MIAMI, FL 33178	10924 NORTHWEST 69 STREET MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

03062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0839243
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VECCHIO, RAFAEL
10924 NORTHWEST 69 STREET
MIAMI, FL 33178

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

Filing Fee is $50.00
Due by May 1, 2006

100000478426
04/03/06-80005-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SANCHEZ, NELSON M
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	VECCHIO, RAFAEL J
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	SANCHEZ, MIGUEL A
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	SANCHEZ, OLIMPIADES E
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	SANCHEZ, NELSON J
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/19/06 305-591-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #