2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000030773

1. Entity Name
ALAQUA DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
136 S. HOLIDAY ROAD, UNIT D DESTIN, FL 32550	136 S. HOLIDAY ROAD, UNIT D DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE

04032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2587673	Not Applicable

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

6. Name and Address of Current Registered Agent

CAPPELLETTI, RONALD
136 S. HOLIDAY ROAD, UNIT D
DESTIN, FL 32550

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CAPPELLETTI, RONALD
STREET ADDRESS	136 S HOLIDAY RD, STE D
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	MGRM
NAME	SOLECKI, CERENNA
STREET ADDRESS	136 S HOLIDAY RD, STE D
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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04/11/07-80084-006 50.00

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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: _____ R. Cappelletti _____ 04/03/2007   850 269 1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #