

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079119

FILED
Mar 25, 2009
Secretary of State

Entity Name: ACQUA DEVELOPMENTS GROUP, LLC

Current Principal Place of Business:

1395 BRICKELL AVE., SUITE 1020
SUITE 1020
MIAMI, FL 33131

New Principal Place of Business:

1395 BRICKELL AVE.,
SUITE 1020
MIAMI, FL 33131

Current Mailing Address:

1395 BRICKELL AVE., SUITE 1020
SUITE 1020
MIAMI, FL 33131

New Mailing Address:

1395 BRICKELL AVE.,
SUITE 1020
MIAMI, FL 33131

FEI Number: 36-4578065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, ROBERT M ESQ.
C/O FREEMAN, HABER, ET AL
520 BRICKELL KEY DRIVE, SUITE O-305
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HABER, ROBERT M ESQ.
1000 BRICKELL AVENUE STE 215
MIAMI, FL 33131 US

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.

SIGNATURE:

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'ACQUA PARTNERS, LL, C
Address: 1395 BRICKELL AVE., STE 1020
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: GALLARDO CONVERSIONS, CORP.
Address: 1395 BRICKELL AVE., STE. 1020
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D'ACQUA PARTNERS, LLC

MGRM

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date