2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000082674

Entity Name: ACO CAPITAL MARKET, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
14485 SW 43RD TERRACE MIAMI, FL 33175	

Current Mailing Address:	**New Mailing Address:**
784 SW 159TH LANE PEMBROKE PINES, FL 33027	14485 SW 43RD TERRACE MIAMI, FL 33175

FEI Number: 20-3346044   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DE CUBA, PABLO A 14485 SW 43RD TERRACE MIAMI, FL 33175 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: _____

    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	DE CUBA, PABLO A	Name:		
Address:	14485 SW 43RD TERRACE	Address:		
City-St-Zip:	MIAMI, FL 33175	City-St-Zip:		
Title:	MGR (X) Delete	Title:		( ) Change ( ) Addition
Name:	PORTAL, REINALDO D	Name:		
Address:	12001 SW 105 TERRACE	Address:		
City-St-Zip:	MIAMI, FL 33186	City-St-Zip:		
Title:	MGR (X) Delete	Title:		( ) Change ( ) Addition
Name:	VELAZQUEZ, CARLOS M	Name:		
Address:	784 SW 159TH LANE	Address:		
City-St-Zip:	PEMBROKE PINES, FL 33027	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS M VELAZQUEZ (NO LONGER MEMBER)   MGR   03/21/2006
_____
    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date