


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 032 ****50.00

DOCUMENT # L05000082795

1. Entity Name
AQUA MARINA, LLC



Principal Place of Business
**1701 SW 2ND AVE
 MIAMI, FL 33129**

Mailing Address
**1701 SW 2ND AVE
 MIAMI, FL 33129**

2. Principal Place of Business
1110 Brickell Av. Ste 200
 Suite, Apt. #, etc.
200

3. Mailing Address
1110 Brickell Av.
 Suite, Apt. #, etc.
200

City & State
Miami, Florida


City & State
Miami, Florida

Zip
33131

Country
U.S.A

Zip
33131

Country
U.S.A



01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
71-0989055

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DE CESPEDES, CARLOS
1200 BRICKELL AVENUE, SUITE 1440
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____

FL Zip Code _____

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 _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

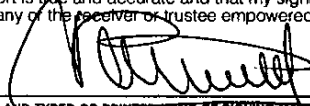
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAN LORENZO INVESTMENTS, LLC 2655 COLLINS AVE. APT. 1911 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENRAL, CARLOS ALBERTO 1701 SW 2ND AVE. MIAMI, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATIN AMERICAN INVESTMENTS, LLC 800 CLAUGHTON ISLAND DR. #2703 MIAMI, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERICO, JORGE 789 CRANDON BLVD. APT. 1501 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTANDER, GUSTAVO 910 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HGR Bernal, Carlos Alberto 5770 S.W 46 Terrace 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

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

Date _____ Daytime Phone # _____