

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

01-17-2006 90063 001 ****50.00

DOCUMENT # L05000086186 1. Entity Name D'ACQUA PARTNERS, LLC			
Principal Place of Business 801 BRICKELL AVE., SUITE 937 MIAMI, FL 33131		Mailing Address 801 BRICKELL AVE., SUITE 937 MIAMI, FL 33131	
2. Principal Place of Business 801 Brickell Avenue Suite, Apt. #, etc. Suite 930 City & State Miami, Florida Zip 33131		3. Mailing Address 801 Brickell Avenue Suite, Apt. #, etc. Suite 930 City & State Miami, Florida Zip 33131	
Country U.S.A.		Country U.S.A.	
4. FEI Number 56-2529918		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01102006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent HABER, ROBERT M ESQ. C/O FREEMAN, HABER, ROJAS & STANHAM, LLP 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

ATTACHMENT

30000420



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

D'ACQUA PARTNERS, LLC
801 BRICKELL AVE., SUITE 937
SUITE 930
MIAMI, FL 33131

Subject: D'ACQUA PARTNERS, LLC

Reference Number: 05000086186

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION