

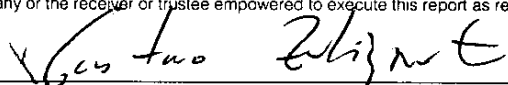



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90018 043 \*\*\*\*50.00

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| <b>DOCUMENT # L05000111445</b>  |   |  |   |    |   |
| <b>1. Entity Name</b><br>ACQUA@BLUE LLC   |   |  |   |   |   |
| <b>Principal Place of Business</b><br>888 BRICKELL KEY DRIVE<br>910<br>MIAMI, FL 33131 US   |   |  | <b>Mailing Address</b><br>888 BRICKELL KEY DRIVE<br>910<br>MIAMI, FL 33131 US |   |   |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.             |   |   |   |
| City & State  |   | City & State   |   | <b>4. FEI Number</b><br>20-3867813  |   |
| Zip   |   | Country  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b><br>ZUBIZARRETA, GUSTAVO<br>888 BRICKELL KEY DRIVE<br>910<br>MIAMI, FL FL   |   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |
| <b>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.</b><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ZUBIZARRETA, GUSTAVO<br>888 BRICKELL KEY DRIVE APT 910<br>MIAMI, FL 33131 <input type="checkbox"/> Delete   |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MARQUEZ, JOHN<br>3 GROVE ISLE APT 205<br>COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |   |  |   |   |   |
| <b>SIGNATURE:</b>    |   |  |   | Date: 4/13/06    |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   | Daytime Phone #   |   |