


FILED
Apr 14, 2008 8:00 am
Secretary of State

2/18/07

02-18-2008 90072 016 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

30003809

DOCUMENT # L07000004509			
1. Entity Name AQUA 220 LLC			
Principal Place of Business 8923 S.W. 96 STREET MIAMI FL 33176		Mailing Address 8923 S.W. 96 STREET MIAMI FL 33176	
2. Principal Place of Business - No P.O. Box 7971 SW 110 TERR Suite, Apt. #, etc.		3. Mailing Address 287 Langley Rd. Suite, Apt. #, etc. Unit 36	
City & State Miami - FL		City & State Newton - MA	
4. FEI Number 20-8236076		Applied For Not Applicable	
Zip 33156	Country USA	Zip 02459	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Requested			
6. Name and Address of Current Registered Agent Bello, Jose 8923 S.W. 96 STREET MIAMI FL 33176 <i>PLEASE CHANGE OF ADDRESS</i>		7. Name and Address of New Registered Agent	
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	
<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee Will Be \$338.75 Make Check Payable to Florida Department of State</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM Bello, Jose 8923 S.W. 96 STREET MIAMI FL 33176	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bello, Jose	NAME	
STREET ADDRESS	7971 SW 110 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33156	CITY-ST-ZIP	
TITLE	MGRM Bello, Paula 8923 S.W. 96 STREET MIAMI FL 33176	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bello, Paula	NAME	
STREET ADDRESS	287 Langley Rd.	STREET ADDRESS	
CITY-ST-ZIP	UNIT 36 NEWTON-MA 02459	CITY-ST-ZIP	
TITLE	MGRM Bello, Jose A 8923 S.W. 96 STREET MIAMI FL 33176	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bello, Jose A	NAME	
STREET ADDRESS	287 Langley Rd.	STREET ADDRESS	
CITY-ST-ZIP	UNIT 36 NEWTON-MA 02459	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.			
SIGNATURE: Jose Bello		01/29/08 305.5027120	
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	