
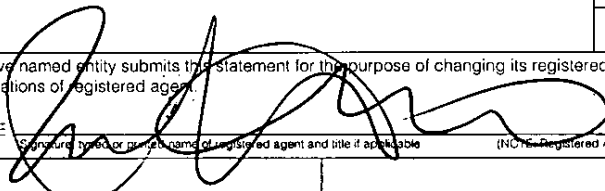
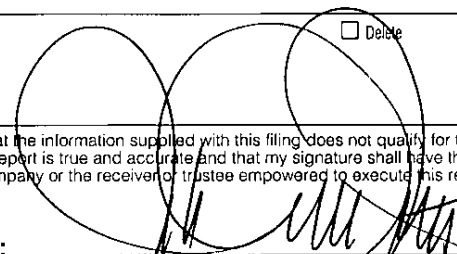


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90025 021 ***138.75

DOCUMENT # L07000088786 1. Entity Name 1506 TEQUESTA, L.L.C.					
Principal Place of Business 808 BRICKELL KEY DR UNIT 1506 MIAMI, FL 33131			Mailing Address 808 BRICKELL KEY DR UNIT 1506 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0858498	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SASSO, PAUL R ESQ 7721 SE 62ND AVE STE 202 S MIAMI, FL 33143				7. Name and Address of New Registered Agent Name: PAUL R. SASSO ESQ. Street Address (P.O. Box Number is Not Acceptable): 7721 SE 62ND AVENUE Suite 202 City: S MIAMI FL Zip Code: 33143	
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: 8/11/08					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ-PEROTTI, JOSE 5717 SW 8TH ST MIAMI, FL 33144			<input type="checkbox"/> Delete	
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	
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: 8/11/08	