

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022073
 1. Entity Name
 ACQUA 1502, L.L.C.



Principal Place of Business Mailing Address
 10143 E. BAY HARBOR DR, 9-A 10143 E. BAY HARBOR DR, 9-A
 BAY HARBOR, FL 33154 BAY HARBOR, FL 33154



02082006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number Applied For
 20-0931278 Not Applicable

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

6. Name and Address of Current Registered Agent
 FIGUEROA, JUAN A PA, CPA
 1428 BRICKELL AVENUE, SUITE 206
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAMUI, ESTRELLA
STREET ADDRESS	19111 COLLINS AVENUE, APT. 2402
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGR
NAME	ALFONSO ENTEBI HAMUI
STREET ADDRESS	19111 COLLINS AVENUE, APT. 2402
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000467658
 03/23/06-80059-012 50.00

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] 3-9-06 805 495 727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #