


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024375**

1. Entity Name  
**AQUAMARINE JOINT VENTURE GROUP, LLC**



Principal Place of Business <b>2715 EAST OAKLAND PARK BOULEVARD          300          FORT LAUDERDALE, FL 33306</b>	Mailing Address <b>2715 EAST OAKLAND PARK BOULEVARD          300          FORT LAUDERDALE, FL 33306</b>
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02172005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3683828</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLERIA ASSET MANAGEMENT CORP.  
 2715 EAST OAKLAND PARK BLVD  
 300  
 FT LAUDERDALE, FL 33306**

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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SENESE, FRED P 2715 E OAKLAND PK BLVD #300 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESOWSKY, JOHN 2715 E OAKLAND PK BLVD #300 FORT LAUDERDALE, FL 33306
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 02/21/05-80070-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/11/05 Daytime Phone # 954-568-9885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE