

**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
**2715 EAST OAKLAND PARK BOULEVARD
300
FORT LAUDERDALE, FL 33306**

Mailing Address
**2715 EAST OAKLAND PARK BOULEVARD
300
FORT LAUDERDALE, FL 33306**



02172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3683828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/21/05-80070-022 50.00

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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #