

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M00000001292

Entity Name: ACQUALINA MANAGEMENT, LLC

FILED
Nov 17, 2006
Secretary of State

Current Principal Place of Business:

18140 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

17875 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

18140 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 01-0811837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS ISLAND OCEAN CLUB INC
C/O ALAN MATUS
4000 ISLAND BOULEVARD, PH2
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: WILLIAMS ISLAND OCEAN CLUB, INC.
Address: 18140 COLLINS AVENUE
City-St-Zip: SUNNY ISLES, FL 33160

Title: P () Delete
Name: MATUS, ALAN
Address: 18140 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SVP () Delete
Name: HENN, PETER
Address: 18140 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SVP () Delete
Name: ELBERT, DONALD
Address: 18140 COLLINS AVEUNE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS ISLAND OCEAN CLUB, INC.
Address: 18140 COLLINS AVENUE
City-St-Zip: SUNNY ISLES, FL 33160

Title: PS (X) Change () Addition
Name: MATUS, ALAN
Address: 18140 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: AS (X) Change () Addition
Name: LILLYCROP, WILLIAM J
Address: 18140 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM J LILLYCROP

AS

11/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date