

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006046

Entity Name: ACQUALINA CONDOS I, LLC**Current Principal Place of Business:**17780 COLLINS AVENUE
2ND FLOOR
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17780 COLLINS AVENUE
2ND FLOOR
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 20-5770677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Authorized Person(s) Detail :**

| | |
|-----------------|-----------------------------------|
| Title | MANAGER |
| Name | TG CO MANAGEMENT, INC. |
| Address | 17780 COLLINS AVENUE 2ND FLOOR |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

| | |
|-----------------|-----------------------------------|
| Title | EVP |
| Name | LIEB, JAMES |
| Address | 17780 COLLINS AVENUE 2ND FLOOR |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

| | |
|-----------------|-----------------------------------|
| Title | AVP |
| Name | TORPEY, CARITE |
| Address | 17780 COLLINS AVENUE 2ND FLOOR |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

| | |
|-----------------|-----------------------------------|
| Title | CFO, VP |
| Name | SHMUELI, OREN |
| Address | 17780 COLLINS AVENUE 2ND FLOOR |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

| | |
|-----------------|-----------------------------------|
| Title | MEMBER |
| Name | ACQUALINA GROUP, LLC |
| Address | 17780 COLLINS AVENUE 2ND FLOOR |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES LIEB

EVP

04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date