### 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0700002042

Entity Name: ESTATES AT ACQUALINA REALTY, LLC

#### **Current Principal Place of Business:**

17780 COLLINS AVE. 2ND FLOOR SUNNY ISLES BEACH, FL 33160

# **Current Mailing Address:**

17780 COLLINS AVE. 2ND FLOOR SUNNY ISLES BEACH, FL 33160 US

# FEI Number: 20-8803654

#### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

# FILED Apr 25, 2017 Secretary of State CC9514241056

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	MANAGER	Title	EVP, GC
Name	TG CO MANAGEMENT, INC	Name	HIRSCH, MARK
Address	17780 COLLINS AVE. 2ND FLOOR	Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	AVP	Title	TREASURER
Name	TORPEY, CARITE	Name	LILLYCROP, WILLIAM J
Address	17780 COLLINS AVE. 2ND FLOOR	Address	17780 COLLINS AVE. 2ND FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	A-SEC	Title	AUTHORIZED MEMBER
Title Name	A-SEC FELDMAN, RICHARD	Title Name	AUTHORIZED MEMBER TG RESERVE, LLC
Name	FELDMAN, RICHARD 17780 COLLINS AVE. 2ND FLOOR	Name	TG RESERVE, LLC 17780 COLLINS AVE. 2ND FLOOR
Name Address	FELDMAN, RICHARD 17780 COLLINS AVE. 2ND FLOOR	Name Address	TG RESERVE, LLC 17780 COLLINS AVE. 2ND FLOOR
Name Address City-State-Zip:	FELDMAN, RICHARD 17780 COLLINS AVE. 2ND FLOOR SUNNY ISLES BEACH FL 33160	Name Address	TG RESERVE, LLC 17780 COLLINS AVE. 2ND FLOOR
Name Address City-State-Zip: Title	FELDMAN, RICHARD 17780 COLLINS AVE. 2ND FLOOR SUNNY ISLES BEACH FL 33160 SVP, MGRD	Name Address	TG RESERVE, LLC 17780 COLLINS AVE. 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: WILLIAM J. LILLYCROP

TREASURER

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04/25/2017
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Date

Electronic Signature of Signing Authorized Person(s) Detail

Date