

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004323

Entity Name: AQ PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

4000 ISLAND BOULEVARD
PH-2
AVENTURA, FL 33160

Current Mailing Address:

4000 ISLAND BOULEVARD
PH-2
AVENTURA, FL 33160 US

FEI Number: 47-4130879

Name and Address of Current Registered Agent:

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

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

_____ Date

Authorized Person(s) Detail :

Title MP
Name YAGER-FLEMING, DEBORAH
Address 4000 ISLAND BOULEVARD, PH-2
City-State-Zip: AVENTURA FL 33160

Title EVP,S,GC
Name HIRSCH, MARK S
Address 41 MADISON AVE, STE 4101
City-State-Zip: NEW YORK NY 10010

Title EVP,AS
Name LIEB, JAMES
Address PO BOX 86
City-State-Zip: EAST BRUNSWICK NJ 08816

Title CFO
Name GARCIA, JAIR
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title SVP,MD
Name TRUMP, JOSHUA
Address 41 MADISON AVE, STE 4101
City-State-Zip: NEW YORK NY 10010

Title VP,AGC,AS
Name DEGNAN, BRIAN
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title VP
Name SHMUELI, OREN
Address 4000 ISLAND BOULEVARD
PH-2
City-State-Zip: AVENTURA FL 33160

Title T,AS
Name LILLYCROP, WILLIAM J
Address 4000 ISLAND BOULEVARD
PH-2
City-State-Zip: AVENTURA FL 33160

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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

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title AVP,AS,AT

Name TORPEY, CARITE L

Address PO BOX 186

City-State-Zip: EAST BRUNSWICK NJ 08816