2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
04-14-2004 90280 007 ***150.00

DOCUMENT # L02000024375

1. Entity Name
AQUAMARINE JOINT VENTURE GROUP, LLC

Principal Place of Business	Mailing Address
2715 EAST OAKLAND PARK BOULEVARD 300 FORT LAUDERDALE, FL 33306	2715 EAST OAKLAND PARK BOULEVARD 300 FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

04052004 No Chg-LLC CR2E083 (10/03)

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

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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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	~~E~~ O.M. Operating
NAME	SENESI, FRED P manager
STREET ADDRESS	2715 E OAKLAND PK BLVD #300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	~~VP~~ V.O.M. Vice Operating
NAME	~~LESOWSKY~~, JOHN LESOWSKY manager
STREET ADDRESS	2715 E OAKLAND PK BLVD #300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: Fred Senesi OP Manager 4/5/04 954-518-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #