
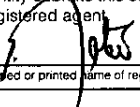


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90021 046 ****50.00

DOCUMENT # M00000001292					
1. Entity Name ACQUALINA MANAGEMENT, LLC					
Principal Place of Business 7900 ISLAND BLVD. ACCOUNTING TRAILER #1 AVENTURA, FL 33160			Mailing Address 7900 ISLAND BLVD. ACCOUNTING TRAILER #1 AVENTURA, FL 33160		
2. Principal Place of Business 18140 COLLINS AVENUE		3. Mailing Address 18140 COLLINS AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SUNNY ISLES BEACH, FL		City & State SUNNY ISLES BEACH, FL		4. FEI Number 65-0814332	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS ISLAND OCEAN CLUB INC C/O ALAN MATUS 7900 ISLAND BLVD AVENTURA, FL 33160			7. Name and Address of New Registered Agent Name WILLIAMS ISLAND OCEAN CLUB C/O ALAN MATUS Street Address (P.O. Box Number is Not Acceptable) 4000 ISLAND BOULEVARD, PH2 City AVENTURA FL Zip Code 33160		
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 		ALAN MATUS (PRESIDENT)		04-28-04	
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS ISLAND OCEAN CLUB, INC. C/O ALAN MATUS, 7900 ISLAND BOULEVARD AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS ISLAND OCEAN CLUB, INC. 18140 COLLINS AVENUE SUNNY ISLES BEACH, FL, 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		ALAN MATUS		04-28-04 (305) 937-7826	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	