2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0000001292

City-St-Zip:

Entity Name: ACQUALINA MANAGEMENT, LLC

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	LLINS AVENUE CLES BEACH, FL	33160				
Current Mailing Address:			New Mailing Address:			
	LLINS AVENUE SLES BEACH, FL	33160				
FEI Number	: 65-0814332	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	l Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
C/O ALAN 4000 ISLA	SISLAND OCEAI I MATUS ND BOULEVARI RA, FL 33160 US	D, PH2				
	e named entity su e of Florida.	bmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both	
SIGNATUI	RE:					
Electronic Signature of Registered Agent			t Date			
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()[elete	Title: Name: Address: City-St-Zip:	MATUS, ALAI 18140 COLL		
Title: Name: Address: City-St-Zip:	() [elete	Title: Name: Address: City-St-Zip:	HENN, PETE 18140 COLL		
Title: Name: Address:	() [elete	Title: Name: Address:	SVP ELBERT, DO 18140 COLL		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

City-St-Zip: SUNNY ISLES BEACH, FL 33160

SIGNATURE: ALAN MATUS P 04/29/2005