

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001292

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: ACQUALINA MANAGEMENT, LLC

**Current Principal Place of Business:**

17875 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18140 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 01-0811837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS ISLAND OCEAN CLUB INC  
C/O ALAN MATUS  
4000 ISLAND BOULEVARD, PH2  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 US

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: JANE KRAYER

03/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS ISLAND OCEAN CLUB, INC.  
Address: 18140 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160

Title: PS ( ) Delete  
Name: MATUS, ALAN  
Address: 18140 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: AS ( ) Delete  
Name: LILLYCROP, WILLIAM J  
Address: 18140 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SVP ( ) Delete  
Name: ELBERT, DONALD  
Address: 18140 COLLINS AVEUNE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: DONALD ELBERT

SVP

03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date