

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001292

FILED  
Apr 13, 2009  
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:**

17780 COLLINS AVENUE  
2ND FLR  
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:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301      US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ACQUALINA HOLDINGS, INC.  
Address: 17780 COLLINS AVENUE 2ND FLR  
City-St-Zip: SUNNY ISLES, FL 33160

Title: PS ( ) Delete  
Name: MATUS, ALAN  
Address: 17780 COLLINS AVENUE 2ND FLR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: AS ( ) Delete  
Name: LILLYCROP, WILLIAM J  
Address: 17780 COLLINS AVENUE 2ND FLR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SVP ( ) Delete  
Name: ELBERT, DONALD  
Address: 17780 COLLINS AVEUNE 2ND FLR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: EVP ( ) Change (X) Addition  
Name: LIEB, JAMES  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: AVENTURA, FL 33160

Title: AVP ( ) Change (X) Addition  
Name: TORPEY, CARITE  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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

04/13/2009

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