

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