

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001292

FILED
Apr 21, 2010
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:

17875 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

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

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

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

Title: SVP
Name: SILVER, JOSEPH
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

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

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

I hereby 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: WILLIAM J LILLYCROP

AS

04/21/2010

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