2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# M06000006046

Entity Name: ACQUALINA CONDOS I, LLC

Current Principal Place of Business:

4000 ISLAND BOULEVARD, PH2
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

4000 ISLAND BOULEVARD, PH2
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 20-5770677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: 4000 ISLAND BOULEVARD, PH2
City-St-Zip: AVENTURA, FL 33160

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

Title: SVP
Name: SILVER, JOSEPH
Address: 17780 COLLINS AVENUE
City-St-Zip: SUNNY ISLES, FL 33160

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

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

Title: AVP
Name: TORPEY, CARITE
Address: 4000 ISLAND BOULEVARD, 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 Statues.

SIGNATURE: WILLIAM J LILLYCROP AS 04/23/2012

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