# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 21, 2010**
**Secretary of State**

DOCUMENT# M07000005417

**Entity Name:** ACQUALINA CONDOS II, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD., PH-2
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

4000 ISLAND BLVD., PH-2
AVENTURA, FL 33160

**New Mailing Address:**

**FEI Number: 26-1226049** **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 CONDOS I, LLC
Address: 4000 ISLAND BLVD., PH-2
City-St-Zip: AVENTURA, FL 33160

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

Title: ASEC
Name: LILLYCROP, WILLIAM J
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 Statues.

SIGNATURE: WILLIAM J LILLYCROP ASEC 04/21/2010

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