

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006046

Entity Name: ACQUALINA CONDOS I, LLC

Current Principal Place of Business:

4000 ISLAND BOULEVARD, PH2
AVENTURA, FL 33160

Current Mailing Address:

4000 ISLAND BOULEVARD, PH2
AVENTURA, FL 33160

FEI Number: 20-5770677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Authorized Person(s) Detail :

Title MANAGER
Name TG CO MANAGEMENT, INC.
Address 4000 ISLAND BOULEVARD
 PH 2
City-State-Zip: AVENTURA FL 33160

Title VP
Name DEGNAN, BRIAN ESQ.
Address 4000 ISLAND BLVD
 PH 2
City-State-Zip: AVENTURA FL 33160

Title AS, TREASURER
Name LILLYCROP, WILLIAM J
Address 17780 COLLINS AVENUE
 2ND FLOOR
City-State-Zip: SUNNY ISLES FL 33160

Title EVP
Name LIEB, JAMES
Address 4000 ISLAND BOULEVARD
 PH 2
City-State-Zip: AVENTURA FL 33160

Title AVP
Name TORPEY, CARITE
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title CFO, VP
Name SHMUELI, OREN
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title MEMBER
Name ACQUALINA HOLDINGS, INC.
Address 4000 ISLAND BLVD.
 PH2
City-State-Zip: AVENTURA FL 33160

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J LILLYCROP

TREASURER

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date