

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000288

Entity Name: ACQUALINA REALTY, LLC**Current Principal Place of Business:**4000 ISLAND BOULEVARD, PH-2
AVENTURA, FL 33160**Current Mailing Address:**4000 ISLAND BOULEVARD, PH-2
AVENTURA, FL 33160**FEI Number:** 46-1716043**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	MGRM
Name	ISLAND BOULEVARD HOLDINGS, LLC
Address	4000 ISLAND BOULEVARD, PH-2
City-State-Zip:	AVENTURA FL 33160

Title	VP, ASSOC.GC, ASST. SECRETARY
Name	DEGNAN, BRIAN
Address	4000 ISLAND BOULEVARD, PH-2
City-State-Zip:	AVENTURA FL 33160

Title	CFO, VP
Name	SHMUELI, OREN
Address	4000 ISLAND BOULEVARD, PH-2
City-State-Zip:	AVENTURA FL 33160

Title	TREASURER, ASST. SECRETARY
Name	LILLYCROP, WILLIAM J
Address	4000 ISLAND BOULEVARD, PH-2
City-State-Zip:	AVENTURA FL 33160

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

Title	A-VP, ASST. SECRETARY, ASST. TREASURER
Name	TORPEY, CARITE
Address	4000 ISLAND BOULEVARD, PH-2
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****04/29/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date