2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000034765

1. Entity Name

LAUDERDALE MARINE CENTER, LLC



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2001 SW 20TH STREET FT. LAUDERDALE, FL 33315 2001 SW 20TH STREET FT, LAUDERDALE, FL 33315



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
65-0738846	 	Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Reg	Additional uired

6. Name and Address of Current Registered Agent

SCHNEIDER, WALTER B 1401 E. BROWARD BLVD. SUITE 200

FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chanions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9. •	- MANAGING MEMBERS/MANAGERS	The state of the s
TITLE	MGR	
NAME	PASSEN, SELVIN M.D.	
STREET ADDRESS	2001 SW 20TH ST SUITE 102	the proceedings for the first section of the second section of the section of the second section of the section of the second section of the
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE		
NAME		U00000012722
STREET ADDRESS		000000812733 02/12/08-80062-002 138.75
CITY-SI-ZIP		02/12/00/00002/002/130.13
TITLE		Constant of the Constant of th
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·	
TITLE		IN THIS SPACE
NAME		
STREET ADDRESS		Control of the second of the s
CITY-ST-ZIP		A Company of the second of the
THILE		
NAME	•	
STREET ADDRESS CITY-ST-ZIP	Been 1	
<u> </u>		
TITLE"		Section States of the Section of the
NAME STREET ADDRESS	ECONTERNATION OF	
CITY-ST-ZIP	P 1 1 1 1 1 1 1 1 1	
·	certify that the information supplied with this filing does not of	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

indicated on this report is true and accurate and that my 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

SIGNAT	URE: _
	CICNATURE A

EMBER. OR AUTHORIZED REPRESENTATIVE

90.

954-713-0341