


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90117 014 ***143.75

DOCUMENT # L06000094065

1. Entity Name
MATINE LLC



Principal Place of Business ↔ Mailing Address

~~7873 HAWTHORNE DRIVE UNIT 204~~
~~NAPLES, FL 34113~~

~~7873 HAWTHORNE DRIVE UNIT 204~~
~~NAPLES, FL 34113~~

8605 CHAMPIONS POINTE UNIT 104
NAPLES, FL 34113

60002613



01152008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5630880	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HURTADO, CHRISTINE
~~7873 HAWTHORNE DRIVE UNIT 204~~
~~NAPLES, FL 34113~~

8605 CHAMPIONS POINTE UNIT 104
NAPLES, FL 34113

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURTADO, CHRISTINE 7873 HAWTHORNE DRIVE UNIT 204 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8605 CHAMPIONS POINTE UNIT 104 NAPLES, FL 34113
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not 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.

SIGNATURE: *Christine Hurtado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #