
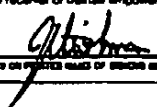


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP -6 PM 1:47

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M0600002441			
1. Entity Name MARINA WAY GP HOLDINGS, LLC			
Principal Place of Business 18851 NE 29 AVENUE, SUITE 1011 AVENTURA, FL 33180		Mailing Address 18851 NE 29 AVENUE, SUITE 1011 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Status and Address of Current Registered Agent BENHAMOU, GILBERT 18851 NE 29 AVENUE, SUITE 1011 AVENTURA, FL 33180		5. Status and Address of New Registered Agent	
NAME		NAME	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
6. The above named entity admits the 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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		State check payable to Florida Department of State	
8. MANAGING MEMBERS / MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	MGRM MARINA WAY GP, LLC 18851 NE 29 AVENUE, SUITE 1011 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	300109298759 09/11/07--01024--014 **50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		09/12/07 (307) 937-0170	