

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020052

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: MARELY, L.L.C.

**Current Principal Place of Business:**

46 KEY HAVEN RD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

46 KEY HAVEN RD  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOFE, HAROLD E JR. ESQ  
2300 PALM BEACH LAKES BOULEVARD  
SUITE 302, EXECUTIVE CENTRE  
WEST PALM BEACH, FL 334093306 US

**Name and Address of New Registered Agent:**

WOLFE, HAROLD E JR. ESQ  
2300 PALM BEACH LAKES BOULEVARD  
SUITE 302, EXECUTIVE CENTRE  
WEST PALM BEACH, FL 334093306 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: HAROLD WOLFE

04/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OHAYON, ELIE  
Address: 46 KEY HAVEN  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: OHAYON, MARIE H MGRM  
Address: 46 KEY HAVEN ROAD  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELIE OHAYON

MGRM

04/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date