

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90103 009 ****50.00

0029490

DOCUMENT # L02000029187

1. Entity Name

MARINA PARTNERS LLC



Principal Place of Business

**11 SE 5TH STREET
BOCA RATON FL 33342**

Mailing Address

**11 SE 5TH STREET
BOCA RATON FL 33342**

90157942

2. Principal Place of Business

1801 S. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 200

City & State

BOCA RATON FL

Zip

33432

Country

P.B.

3. Mailing Address

1801 S. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 200

City & State

BOCA RATON FL

Zip

33432

Country

PAUM BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

27-0059435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: **DENNIS KISSMAN** ☐ Delete
NAME: **1801 S. FEDERAL HWY**
STREET ADDRESS: **BOCA RATON FL 33432**
CITY-ST-ZIP:

TITLE: **MANAGER** ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED DENNIS KISSMAN

9/5/03

338-5800

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

Date

Daytime Phone #

CR2E083 (10/02)