

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000029656

1. Entity Name
H MARINA PROPERTIES, LLC



Principal Place of Business

**450 EAST LAS OLAS BOULEVARD
SUITE 1500
FORT LAUDERDALE, FL 33301**

Mailing Address

**450 EAST LAS OLAS BOULEVARD
SUITE 1500
FORT LAUDERDALE, FL 33301**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

16-1658620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE
SUITE 2800
MIAMI, FL 33131**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	HUIZENG, H. WAYNE JR.
STREET ADDRESS	450 E LAS OLAS BLVD STE 1500
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VP
NAME	HENNINGER, ROBERT J
STREET ADDRESS	450 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	V
NAME	MUXO, ALEX
STREET ADDRESS	450 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	V
NAME	VIDUEIRA, CARLOS
STREET ADDRESS	450 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VT
NAME	BRANDEN, CRIS V
STREET ADDRESS	450 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	S
NAME	HANDLEY, RICHARD L
STREET ADDRESS	450 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

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05/13/06-80005-004 50.00

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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 606, Florida Statutes.

SIGNATURE:

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

4/25/06

Date

Daytime Phone #