2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L02000031232

1. Entity Name
MARINA LAKES, LLC

Principal Place of Business	Mailing Address
~~7171 CORAL WAY~~ ~~SUITE 203~~ ~~MIAMI, FL 33155~~	~~7171 CORAL WAY~~ ~~SUITE 203~~ ~~MIAMI, FL 33155~~

2. Principal Place of Business	3. Mailing Address
~~4909~~ SW 74 CT	C/O MARK & KAMBOUR,
Suite, Apt. #, etc. ~~APT 610~~ UNIT 10	Suite, Apt. #, etc. 5000 UNIVERSITY DR.
City & State MIAMI FL 33155	City & State CORAL GABLES FL
Zip 33155 Country U.S.	Zip 33146 Country U.S.

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0806397
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DE SOCARRAZ, MARIANO~~
~~7171 CORAL WAY~~
~~SUITE 203~~
~~MIAMI, FL 33155~~

7. Name and Address of New Registered Agent

Name Thomas M. Mark

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

5000 University Drive

City Coral Gables FL Zip Code 33146

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 _____ 12/31/03
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRP~~ SOCARRAL, MARIANO DE 7171 CORAL WAY STE 243 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ~~KIMBOUR,~~ MICHAEL T 7171 CORAL WAY STE 203 MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kambour, Michael T	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~P~~ MARK, ~~TAVMN~~ 7171 CORAL WAY STE 203 MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR P Mark, Thomas, M	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200027092592 01/16/04--01027--012 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: _____ 12/31/03 305-669-3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #