

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010347

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** MARINA TOWN HOMES INVESTMENT, LLC

**Current Principal Place of Business:**

16007 IVY LAKE DR  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

16007 IVY LAKE DR  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** 56-2355354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GHALY, SAMIRA Y  
16007 IVY LAKE DR  
ODESSA, FL 33556 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GHALY, SAMIRA Y  
**Address:** 16007 IVY LAKE DR  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** MGR  
**Name:** DAWOOD, HANAN Y  
**Address:** 16019 IVY LAKE DR  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** MGR  
**Name:** GHALY, YOUSSEF  
**Address:** 16007 IVY LAKE DR  
**City-St-Zip:** ODESSA, FL 33556

**Title:** MGR  
**Name:** BOULOS, ATEF  
**Address:** 16015 IVY LAKE DR  
**City-St-Zip:** ODESSA, FL 33556

**Title:** MGR  
**Name:** BOULOS, SALWA  
**Address:** 16015 IVY LAKE DR  
**City-St-Zip:** ODESSA, FL 33556

**Title:** MGR  
**Name:** GHALY, YOUSSTOS  
**Address:** 16007 IVY LAKE DR  
**City-St-Zip:** ODESSA, FL 33556

I hereby 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:** SAMIRA GHALY

MGR

03/14/2011

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