


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90202 022 \*\*\*\*50.00

DOCUMENT # L03000015100	
1. Entity Name MARINE TRADE INVESTMENTS, LLC	

Principal Place of Business 2019 SW 20TH ST., STE. 105 FT LAUDERDALE, FL 33315	Mailing Address 2019 SW 20TH ST., STE. 105 FT LAUDERDALE, FL 33315
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**60013255**



2. Principal Place of Business - No P.O. Box # 2801 S.W. 3RD AVE	3. Mailing Address 2801 S.W. 3RD AVE
Suite, Apt. #, etc. F-12	Suite, Apt. #, etc. F-12
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33315	Country US

01192007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent LECZYNSKI, JANUSZ 1126 S FEDERAL HWY STE 475 FORT LAUDERDALE, FL 33316	
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4. FEI Number 20-1390211	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECZYNSKI, JANUSZ 2019 SW 20TH ST., STE. 105 FT LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECZYNSKI, JANUSZ 2801 S.W. 3RD AVE F-12 FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.	
SIGNATURE JANUSZ LECZYNSKI	Date 01/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone # 954-713-0372