


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
RECEIVED JAN 25 2006
Mar 24, 2006 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # L03000027186 | |  |
| 1. Entity Name MARINA TOWERS, LLC | | |

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|--|--|
| Principal Place of Business 705 SOUTH HARBOR CITY BLVD. MELBOURNE FL 32901 | Mailing Address 705 SOUTH HARBOR CITY BLVD. MELBOURNE FL 32901 |
|--|--|



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|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/05)

| | |
|---|--|
| 4. FEI Number 20-0130959 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 NORTH MAGNOLIA AVENUE, SUITE 1500 ORLANDO FL 32803 | | 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 resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR ROMANDETTI, CHRISTIAN 705 S HARBOUR CITY BLVD. MELBOURNE FL 32901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | UN00000479307 04/08/06-80043-016 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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"/> Add |
| 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"/> Add |
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| 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"/> Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and 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: 