

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/ **FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90042 006 \*\*\*\*50.00

<b>DOCUMENT # L03000037775</b> 1. Entity Name <b>GINMAR, L.L.C.</b>					
Principal Place of Business <b>164 ELM TERRACE JENSEN BEACH, FL 34957</b>			Mailing Address <b>164 ELM TERRACE JENSEN BEACH, FL 34957</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>83-0377441</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MADDEN, JOHN W 789 SOUTH FEDERAL HIGHWAY SUITE 308 STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STEVENS, MARK 164 NE ELM TERRACE JENSEN BEACH, FL 34957</b> <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	<b>MGR STEVENS, GINETTE 164 NE ELM TERRACE JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>GINETTE STEVENS</i></u> <b>GINETTE STEVENS</b> 7 Aug 06 772-528-9618 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deline Phone #</small>					