2907 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000039156

1. Entity Name
SUN VALLEY MARINE LLC



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

ONE NORTH CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401

ONE NORTH CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired

5. Certificate of Status Desired

5. Papplied For Not Applicable

5. Od Additional Fee Required

6. Name and Address of Current Registered Agent

Wandes L. Far

TABERNILL, AARMANDO A
ONE NORTH CLEMATIS STREET, SUITE 200
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

| 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 regretered agent and little if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Fi | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | PST FANJUL, ALEXANDER L ONE NORTH CLEMATIS ST, STE 200 WEST PALM BEACH, FL 33401 | | 04/20/07-80160-020 50.0 DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DC | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | IN | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME | | | |

11. I hereby certify that the information supplied with this filling 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 precule this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

FOF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Alexander L. Fanjul, President 4 1 0

561-655-6303

Daytime Phone #