
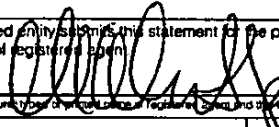
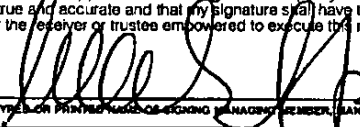


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

03-18-2005 90382 025 ****55.00

DOCUMENT # L04000003771			
1. Entity Name MARINAIS GENERAL CONTRACTORS, LLC			
Principal Place of Business 7491 NW 8TH ST MIAMI, FL 33126		Mailing Address 7491 NW 8TH ST MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03142005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 342012791		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALCIBAR, MANNY 7491 NW 8TH ST MIAMI, FL 33126		Name ALCIBAR, MANNY Street Address (P.O. Box Number is Not Acceptable) 7586 SW 102nd Street #100 City Pinecrest FL Zip Code 33156	
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 		MANNY ALCIBAR, PRES. 3-14-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALCIBAR, MANNY 7491 NW 8TH ST MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSE MARTIN 6255 Columbus Blvd. SEBRING - FL - 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORY MARTIN 6255 Columbus Blvd. SEBRING FL 33872 <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: 		3-14-05 786 488 8304	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	