
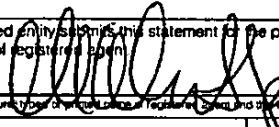
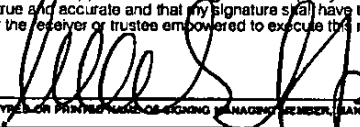


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L04000003771</b>					
1. Entity Name <b>MARINAIS GENERAL CONTRACTORS, LLC</b>					
Principal Place of Business <b>7491 NW 8TH ST MIAMI, FL 33126</b>			Mailing Address <b>7491 NW 8TH ST MIAMI, FL 33126</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>342012791</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
5. 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 <b>ALCIBAR, MANNY</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>7586 SW 102nd Street #100</b>		
			City <b>Pinecrest</b> FL Zip Code <b>33156</b>		
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  <b>MANNY ALCIBAR, PRES.</b> DATE <b>3-14-05</b>					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALCIBAR, MANNY		NAME	JOSE MARTIN	
STREET ADDRESS	7491 NW 8TH ST		STREET ADDRESS	6255 Columbus Blvd.	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Sebring - FL - 33872	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	NORY MARTIN	
STREET ADDRESS			STREET ADDRESS	6255 Columbus Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Sebring FL 33872	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				Date <b>3-14-05</b> Daytime Phone # <b>786 488 8304</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					