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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023599 1. Entity Name MARINA WAY GP, LLC				 <div style="text-align: right;"> FILED 06 APR 11 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number APPLIED FOR	
				<input checked="" type="checkbox"/> 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				7. Name and Address of New Registered Agent	
DADE COUNTY CORPORATE AGENTS, INC. 18901 N.E. 29TH AVE, STE 100 AVENTURA, FL 33180				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;"> FL Zip Code </div>	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STIVELMAN, JACQUES C 2999 N.E. 191ST ST, STE 803 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th AVE, SUITE 1011 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENHAMOU, GILBERT 2999 N.E. 191ST ST, STE 803 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th AVENUE, SUITE 1011 AVENTURA, FL 33180	
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 04/28/06--01035--001 **1200.00	
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 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			03/09/06 (325)935-1010 <small>Date Daytime Phone #</small>		