2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000023599

1. Entity Name
MARINA WAY GP, LLC

Principal Place of Business	Mailing Address
18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180	18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1007528
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18901 N.E. 29TH AVE, STE 100
AVENTURA, FL 33180

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000939067
05/28/08-80014-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STIVELMAN, JACQUES C
STREET ADDRESS	18851 NE 29TH AVE., SUITE 1011
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGR
NAME	BENHAMOU, GILBERT
STREET ADDRESS	18851 NE 29TH AVE., SUITE 1011
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 04/30/08 (305)935-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #