2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2005 8:00 am Secretary of State

DOCUMENT # L04000044971 1. Entity Name MARINA BLUE 3210 ASSOCIATES LLC					01-	-20-2005 90008 004	****50	0.00
Principal Place of Business Mailing Address						. ,		
1250 SW 159TH TERRACE PEMBROKE PINES, FL 33027		951 SW 4TH AVE BOCA RATON, FL 33432						
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-LLC CR2E083 (10/03)				
City & State	3	City & State			4. FEI Number 12	Applied For Not Applicable		
Zip	Country	Žip	Coun	try	5. Certificate of Sta	tus Desired	.00 Add Required	itional
6. Name and Address of Current Registered Agent					7. Name and Addre	ess of New Registered Age		
BLAKESBERG, WILLIAM J				Name				
951 SW 4T	FH.AVE SEA FON, FL 33432	Street Address		(P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
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 prohibit name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or jethibit name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the control of the co								
Filing Fee is \$50.00 Due by May 1; 2005						Make check paya Florida Department		
9	MANAGING MEMBEI	RS/MANAGERS	10.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES		
TITLE	MGR / 5	☐ Delete	TITL			. \square	Change	☐ Addition
NAME Street address City-St-Zip	BANON, GERARD D 1250 SW 159TH TERRACE PEMBROKE PINES, FL 33027			ET ADORESS -ST-ZIP			-	
TITLE	MGRM	☐ Delete	TITU	<u> </u>			Change	Addition
NAME	BANON, JUDITH R		NAM	·				
STREET ADORESS CITY-ST-ZIP	1250 SW 159TH TERRACE PEMBROKE PINES, FL 33027			ET ADORESS -ST-ZIP				
TITLE	MGRM	☐ Delete	TITL	:			Change	Addition
NAME	BANON, ARIELLA S		NAM					
STREET ADDRESS CITY-ST-ZIP	1250 SW 159TH TERRACE PEMBROKE, FL 33027		CITY	-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·	, Tag.	
TITLE . NAME		Delete	TITL	- I		L	Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		Delete	TITL	•			Change	☐ Addition
NAME STREET ADORESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	tmL				Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP				-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 emparagred to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dute Daytime Phone #								
GERAND BANON								