
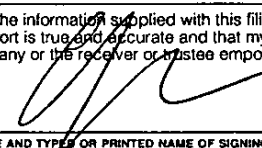


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-20-2005 90008 037 \*\*\*\*50.00

**20002868**

<b>DOCUMENT # L04000044974</b> 1. Entity Name <b>MARINA BLUE 2409 ASSOCIATES LLC</b>					
Principal Place of Business <b>1250 SW 159TH TERRACE PEMBROKE PINES, FL 33027</b>			Mailing Address <del>1250 SW 159TH TERRACE PEMBROKE PINES, FL 33027</del>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. <del>MEMBER</del> <b>BLAKESBERG &amp; CO CPAS</b> <b>951 SW 4TH AVE</b>  Suite, Apt. #, etc.  City & State <b>BOCA RATON                      FL</b>  Zip                      33432                      Country			
4. FEI Number <b>20-1249016</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				01102005    Chg-LLC    CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>BLAKESBERG, WILLIAM J 951 SW 4TH AVE BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BANON, GERARD D</b> <b>1250 SW 159TH TERRACE</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BANON, JUDITH R</b> <b>1250 SW 159TH TERRACE</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BANON, ARIELLA S</b> <b>1250 SW 159TH TERRACE</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>MANAGING MEMBER</b> 1/14/05    561-750-8300 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                      Date                      Daytime Phone #</small> <b>GERARD BANON</b>					