

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90130 002 ***150.00

DOCUMENT # L04000045660	
1. Entity Name MARINA BLUE 2411 LLC	

Principal Place of Business 11581 NW 68TH TERRACE DORAL FL 33178	Mailing Address 11581 NW 68TH TERRACE DORAL FL 33178
--	--

2. Principal Place of Business 10924 NW 69 ST	3. Mailing Address 10924 NW 69 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

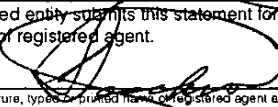
City & State DORAL FL	City & State DORAL FL
Zip 33178	Country USA

4. FEI Number 20-1879949	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ, NELSON J 11581 NW 68TH TERRACE DORAL FL 33178	
--	--

7. Name and Address of New Registered Agent Name RAFAEL VECCHIO Street Address (P.O. Box Number is Not Acceptable) 10924 NW 69 ST City DORAL FL Zip Code 33178	
--	--

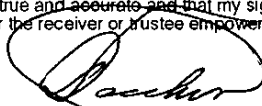
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **RAFAEL J. VECCHIO** DATE **2/14/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, NELSON J 11581 NW 68 TERRACE DORAL FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ NELSON J 10924 NW 69 ST DORAL FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, OLIMPIADES E 11581 NW 68 TERRACE DORAL FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ OLIMPIADES E 10924 NW 69 ST DORAL FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VECCHIO, RAFAEL J 11581 NW 68 TERRACE DORAL FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VECCHIO RAFAEL J 10924 NW 69 ST DORAL FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, NELSON M 11581 NW 68 TERRACE DORAL FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ NELSON M 10924 NW 69 ST DORAL FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, MIGUEL A 11581 NW 68 TERRACE DORAL FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ MIGUEL A 10924 NW 69 ST DORAL FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **RAFAEL J. VECCHIO** DATE **2/14/05** 305-5828259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE