## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000045660

Entity Name: MARINA BLUE 2411 LLC

SANCHEZ, MIGUEL A

DORAL, FL 33178

10924 NORTHWEST 69 STREET

Name:

Address:

City-St-Zip:

FILED Mar 22, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10924 NORTHWEST 69 STREET DORAL, FL 33178 **Current Mailing Address: New Mailing Address:** 10924 NORTHWEST 69 STREET DORAL, FL 33178 FEI Number: 20-1879949 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VECCHIO, RAFAEL 10924 NORTHWEST 69 STREET DORAL, FL 33178 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SANCHEZ, NELSON J Name: Name: 10924 NORTHWEST 69 STREET Address: Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition Name: SANCHEZ, OLIMPIADES E Name: Address: 10924 NORTHWEST 69 STREET Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VECCHIO, RAFAEL J Name: Name: Address: 10924 NORTHWEST 69 STREET Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: SANCHEZ, NELSON M Name: 10924 NORTHWEST 69 STREET Address: Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAFAEL VECCHIO MGRM 03/22/2007