

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-18-2005 90130 001 \*\*\*150.00

<b>DOCUMENT # L04000045663</b>	
1. Entity Name <b>MARINA BLUE 1904 LLC</b>	



Principal Place of Business <b>11581 NW 68 TERRACE DORAL FL 33178</b>	Mailing Address <b>11581 NW 68 TERRACE DORAL FL 33178</b>
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2. Principal Place of Business <b>10924 NW 69 ST</b>	3. Mailing Address <b>10924 NW 69 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DORAL FL</b>	City & State <b>DORAL FL</b>
Zip <b>33178</b>	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>SANCHEZ, NELSON J 11581 NW 68TH TERRACE DORAL FL 33178</b>	
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4. FEI Number <b>20-1314978</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>RAFAEL VECCHIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>10924 NW 69 ST.</b> City <b>DORAL FL</b> Zip Code <b>33178</b>	
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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 <b>RAFAEL J. VECCHIO</b> <b>2/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>	
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**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	<b>MGRM SANCHEZ, NELSON J 11581 NW 68 TERRACE DORAL FL 33178</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANCHEZ, NELSON J. 10924 NW 69 ST. DORAL FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANCHEZ, OLIMPIADES E 11581 NW 68 TERRACE DORAL FL 33178</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANCHEZ OLIMPIADES E 10924 NW 69 ST. DORAL FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VELASCO, OSWALDO 11581 NW 68TH TERRACE DORAL FL 33178</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VELASCO OSWALDO 10924 NW 69 ST. DORAL FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANCHEZ, FRANCISCO J 11581 NW 68 TERRACE DORAL FL 33178</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANCHEZ FRANCISCO J 10924 NW 69 ST DORAL FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>RAFAEL J. VECCHIO</b> <b>2/14/05</b> <b>305-5828259</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>DATE</small> <small>Daytime Phone #</small>	
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