

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90262 016 ****50.00

DOCUMENT # L04000045663

1. Entity Name
MARINA BLUE 1904 LLC



Principal Place of Business
**10924 NORTHWEST 69 STREET
DORAL, FL 33178**

Mailing Address
**10924 NORTHWEST 69 STREET
DORAL, FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1314978

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VECCHIO, RAFAEL
10924 NORTHWEST 69 STREET
DORAL, FL 33178**

Name

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANCHEZ, NELSON J
10924 NORTHWEST 69 STREET
DORAL, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANCHEZ, OLIMPIADES E
10924 NORTHWEST 69 STREET
DORAL, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VELASCO, OSWALDO
10924 NORTHWEST 69 STREET
DORAL, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANCHEZ, FRANCISCO J
11581 NW 68 TERRACE
DORAL, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DE: INVERSIONES

10366,CA

NO. DE TEL : 58-212-9636568

13 MAY, 2005 03:35PM P4

ATTACHMENT

 **IRS** Department of the Treasury
Internal Revenue Service

PHILADELPHIA PA 19255-0046

In reply refer to: 0624027437

Dec. 21, 2004 LTR 3574C

20-1314978 000000 00 000

07536

BODC: SB

MARINA BLUE 1904 LLC
SANCHEZ FRANCISCO J MBR
11581 NW 68TH TER
DORAL FL 33178-5513815

Employer Identification Number: 20-1314978

Dear Taxpayer:

Thank you for your Form 8832.

We are returning your Form 8832, Entity Classification Election. According to Regulations section 301.7701-3(b)(1), your entity has defaulted to the category for which you have already qualified under your entity classification. Since the entity election is already the default classification, filing the Form 8832 is unnecessary.

If you have any questions, please call J Townson at 215-516-3107 between the hours of 7:00 AM and 2:00 PM. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

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