

**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      Mailing Address  
**10924 NORTHWEST 69 STREET**      **10924 NORTHWEST 69 STREET**  
**DORAL, FL 33178**      **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      Applied For  
**20-1314978**      Not Applicable

5. Certificate of Status Desired        **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, NELSON J 10924 NORTHWEST 69 STREET DORAL, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, OLIMPIADES E 10924 NORTHWEST 69 STREET DORAL, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELASCO, OSWALDO 10924 NORTHWEST 69 STREET DORAL, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, FRANCISCO J 11581 NW 68 TERRACE DORAL, FL 33178	<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

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:** *Rafael Vecchio*      **Rafael Vecchio**      03/15/06      \_\_\_\_\_  
 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**

20019626  
#-104000045663

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

PHILADELPHIA PA 19255-0046

In reply refer to: 0524027637  
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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