


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000050993</b>		
1. Entity Name <b>ALSTOTT ROREBECK MARINI DEVELOPMENT AND HOLDINGS LLC</b>		
Principal Place of Business <b>4107 W. SPRUCE STREET 100 TAMPA, FL 33607</b>	Mailing Address <b>4107 W. SPRUCE STREET 100 TAMPA, FL 33607</b>	



04252008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1670103</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  <b>ROREBECK, CURTIS G III 4107 W. SPRUCE STREET 100 TAMPA, FL 33607</b>
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IN THIS SPACE**

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 renewing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000341883  
05/28/08-80122-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MGR MARINI, MICHAEL D MR. 4107 W. SPRUCE STREET, SUITE 100 TAMPA, FL 33607</b>
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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: Curtis G. Rorebeck III 4/25/08 813.579.2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #