2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000076042

1. Entity Name
206 MARINER BAY, LLC

Principal Place of Business	Mailing Address
1026 BLACKSMITH LANE COLLEGEVILLE, PA 19426 US	1026 BLACKSMITH LANE COLLEGEVILLE, PA 19426 US

04162007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
50-2953346

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIFOLI, THOMAS
9028 SILVER GLEN WAY
LAKE WORTH, FL 33467

DO NOT WRITE 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: _____ 4/17/07
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VAVRA, JASON
STREET ADDRESS	1026 BLACKSMITH LANE
CITY-ST-ZIP	COLLEGEVILLE, PA 19426
TITLE	MGRM
NAME	VAVRA, KAREN
STREET ADDRESS	1026 BLACKSMITH LANE
CITY-ST-ZIP	COLLEGEVILLE, PA 19426
TITLE	MGRM
NAME	GIFOLI, THOMAS A
STREET ADDRESS	9078 SILVER GLEN WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000724554
05/02/07-80116-011 50.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/17/07 610 487-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #