2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081236

1. Entity Name MARINA DEL LAGO, LLC



Principal Place of Business

9101 W. COLLEGE POINTE DR.

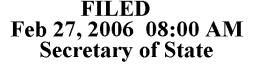
SUITE 1 FORT MYERS, FL 33919

Mailing Address

9101 W. COLLEGE POINTE DR.

SUITE 1

FORT MYERS, FL 33919





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01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1852992

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

KINSEY, JAMES E JR 9101 W. COLLEGE POINTE DR. SUITE 1

FORT MYERS, FL 33919

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SIGNATURI				
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SAILOR ASSOCIATES, LLC
STREET ADDRESS	(
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-AP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CXTY-ST-ZIP	
TUTLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

MANAGINIC MEMBERS MANAGERS

H00000447712 03/08/06-80068-012 50.00

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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:

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

James E Kinsey L MoRM 2/21/06