2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000004718

SUN VISTA MARINE GROUP, LLC



Principal Place of Business

321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 US Mailing Address

321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 US

FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90323 028 ****55.00



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2133769-59-2133763

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

STOTZER, THEODORE R 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY+ST-ZIP

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in t	he State of Florida. I em familiar with, and	d accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(MOTE: Registered Agent signature required when reinstating)	DATE	 .
Fi D	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	KEY LARGO MARINA ACQUISITIONS, LLLP			
STREET ADDRESS	321 EAST HILLSBORO BOULEVARD			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		•	
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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 of the receiver of flustress manager of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of the limited liability company of the receiver of flustress manager of flustress manager of the receiver of flustress manager of flustre

SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
THEOGOPE K. SLOLZEY, VICE President March 8, 2007

(954) 949-<u>3</u>480

Daytime Phone #