


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000058214 1. Entity Name SANDY COVE MARINA, LLC	
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Principal Place of Business 74540 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	Mailing Address P.O. BOX 1916 ISLAMORADA, FL 33036
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01152007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3229965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

LUPINO, JAMES S ESQ  
 90130 OLD HIGHWAY  
 TAVERNIER, FL 33070

**DO NOT WRITE IN THIS SPACE**

6. 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, 2007**

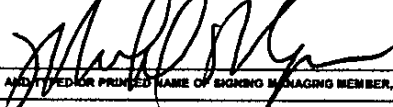
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, REINALDO 161 E. 79TH STREET NEWYORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, MICHAEL 318 PALM AVENUE ISLAMORADA, FL 33036
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000000599264  
 01/25/07-80020-006 100.00

**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:  1-5-07 305 664 4142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #