


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 Jan 17, 2008 08:00 AM
 Secretary of State

DOCUMENT # L05000058214
 1. Entity Name
 SANDY COVE MARINA, LLC



Principal Place of Business 74540 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	Mailing Address P.O. BOX 1916 ISLAMORADA, FL 33036
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent
 LUPINO, JAMES S ESQ
 90130 OLD HIGHWAY
 TAVERNIER, FL 33070

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

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

U000000788199
 01/18/08-80031-002 277.50

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, REINALDO 181 E. 79TH STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, MICHAEL 318 PALM AVENUE ISLAMORADA, FL 33036
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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 609, Florida Statutes.

SIGNATURE:  **Date:** 1/15/08 **Daytime Phone #:** 305 664 4142