

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089167

FILED
Mar 06, 2007
Secretary of State

Entity Name: ARTECH MARINA # 117, LLC

Current Principal Place of Business:

3610 YACHT CLUB DR.
SUITE #707
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3610 YACHT CLUB DR.
SUITE #707
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 N.E. 29TH AVENUE
SUITE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRANT, PEGGY E
Address: 3610 YACHT CLUB DR. #707
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete
Name: OWENS, TERESA J
Address: 22065 PALMS WAY, UNIT # 205
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: DUMESTRE, LUCINDA
Address: 317 WEST 46TH STREET, UNIT #2-B
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEGGY E. GRANT

MGR

03/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date