


**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # L05000090404</b>				<b>Secretary of State</b> 03-03-2006 90007 030 ****50.00	
1. Entity Name <b>MARINA, L.L.C.</b>					
Principal Place of Business <b>2711 FIRST STREET, #304 FORT MYERS, FL 33916</b>		Mailing Address <b>2711 FIRST STREET, #304 FORT MYERS, FL 33916</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		01042006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NIEVENDYK, JOSINA 2711 FIRST STREET, #304 FORT MYERS, FL 33916</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	MGR NIEVENDYK, JOSINA 2711 FIRST STREET, #304 FORT MYERS, FL 33916	<input type="checkbox"/> Delete			
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Josina Nievendyk</i>		2-12-06 239-851-4559 cell			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			