


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90245 040 \*\*\*\*50.00

<b>DOCUMENT # L05000117200</b>	
1. Entity Name <b>464 MARINER LLC</b>	

Principal Place of Business <b>C/O MARVIN S. ROSEN 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>C/O MARVIN S. ROSEN 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH, FL 33401</b>
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**20010311**



2. Principal Place of Business <b>800 S. MILWAUKEE AVE.</b>	3. Mailing Address <b>800 S. MILWAUKEE AVE</b>
Suite, Apt. #, etc. <b>STE 170</b>	Suite, Apt. #, etc. <b>STE 170</b>
City & State <b>LIBERTYVILLE FL</b>	City & State <b>LIBERTYVILLE IL</b>
Zip <b>60048</b>	Zip <b>60048</b>
Country <b>US</b>	Country <b>US</b>

02102006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-4032070</b>		Applied For <input 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>ROSEN, MARVIN S 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH, FL 33401</b>		
7. Name and Address of New Registered Agent Name <b>DENNIS R EGYDI</b> Street Address (P.O. Box Number is Not Acceptable) <b>246 SPRINGLINE DR</b> City <b>NAPLES</b> FL Zip Code <b>34102</b>		

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 *Dennis R Egidio* DATE **2-20-06**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER DRE, INC 800 S. MILWAUKEE AVE, STE 170 LIBERTYVILLE IL 60048</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis R Egidio* Date **2-20-06** Daytime Phone # **847-816-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

# ATTACHMENT

2001031  
**DRE, INC.**

800 South Milwaukee Avenue, Suite 170  
Libertyville, Illinois 60048-3255  
Tel: 847-816-6400 \* Fax: 847-816-6783

February 20, 2006

Divisions of Corporations  
PO Box 6478  
Tallahassee, FL 32314

Re: Document #L05000117200  
464 Mariner LLC

Ladies/Gentlemen:

Enclosed for filing is the *2006 Limited Liability Company Annual Report* and our check in the amount of \$50.00 for the filing fee.

Sincerely,

Dennis R Egid (dc)

Dennis R. Egid  
President

dc  
Enclosures