


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000117835 1. Entity Name HACIENDA MARINA PARTNERS, LLC	
---	---

Principal Place of Business 309-A MAIN STREET PEORIA, IL 61602	Mailing Address 309-A MAIN STREET PEORIA, IL 61602
--	--



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3835372	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 LEITER, THOMAS E 200 WHEELER ROAD BOCA GRANDE, FL 33921
--

DO NOT WRITE IN THIS SPACE

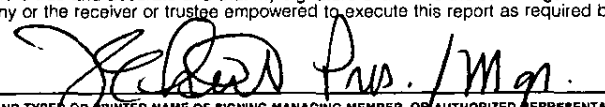
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

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

U000000303174
02/05/08-80013-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITER, THOMAS E 309-A MAIN STREET PEORIA, IL 61604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITER, MATTHEW T 8400 PLACIDA ROAD PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u> Pres./Mgr.</u>	Date <u>1-25-08</u> Daytime Phone # <u>309-673-2922</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	