

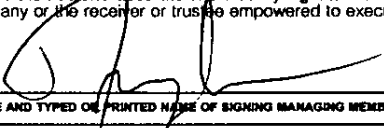


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # L06000026767</b>   |  |       |
| 1. Entity Name<br><b>MARINA OAKS MANAGEMENT, LLC</b>   |  |  |
| Principal Place of Business<br><b>672 E. HALLANDALE BEACH BLVD.<br/>HALLANDALE BEACH, FL 33009</b>   |  | Mailing Address<br><b>672 E. HALLANDALE BEACH BLVD.<br/>HALLANDALE BEACH, FL 33009</b> |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |
|    |  |  |
| 03042008No Chg-LLC CR2E083 (12/07)   |  |  |
| 4. FEI Number<br><b>20-5146208</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required  |
| 6. Name and Address of Current Registered Agent  |  |  |
| <b>DENBERG, MICHAEL B<br/>201 ALHAMBRA CIR.<br/>SUITE 601<br/>CORAL GABLES, FL 33134</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>LANSBURGH, ROBERT<br/>6728 E HALLANDALE BCH BLVD<br/>HALLANDALE, FL 33009</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>SCHWARTZ, DANIEL<br/>672 E HALLANDALE BCH BLVD<br/>HALLANDALE, FL 33009</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |  |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |  |  |
| 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. |  |  |
| <b>SIGNATURE:</b>   |  | <b>3/4/08 954.883.3700</b>   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |  | <small>Date Daytime Phone #</small>  |