


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000029500	
1. Entity Name ST. MAARTEN 7, LLC	

Principal Place of Business 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256	Mailing Address 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



02082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4539251	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALES, FRANCINE 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256
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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 (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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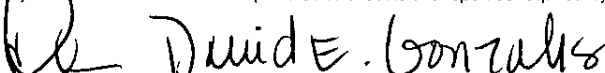
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALES, DAVID E 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMMITT, RICHARD J 5602 BALTIMORE NATIONAL PIKE, SUITE 44 BALTIMORE, MD 21228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAN, WILLIAM 5602 BALTIMORE NATIONAL PIKE, SUITE 44 BALTIMORE, MD 21228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000841658
03/10/08-80026-005 138.75

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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:  David E. Gonzales	Date: 2/20/08	Daytime Phone #: 9043381497
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		