

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042883

Entity Name: LHP MARINA GROUP, LLC

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

896 NORTH FEDERAL HWY #414
POMPANO BEACH, FL 33062

New Principal Place of Business:

3907 NORTH FEDERAL HWY #115
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

896 NORTH FEDERAL HWY #414
POMPANO BEACH, FL 33062

New Mailing Address:

3907 NORTH FEDERAL HWY #115
LIGHTHOUSE POINT, FL 33064

FEI Number: 20-4821314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAESEL, STUART
3907 N. FEDERAL HIGHWAY, SUITE 115
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAESEL, STUART
Address: 3907 N. FEDERAL HIGHWAY, SUITE 115
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM () Delete
Name: FOERST, GEORGE
Address: 2831 MARINA CIRCLE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FOERST, GEORGE
Address: 2831 MARINA CIRCLE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STUART MAESEL

MGRM

02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date