


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90074 029 \*\*\*\*50.00

DOCUMENT # L06000053959			
1. Entity Name GEORGE PINON MARINE LLC			
Principal Place of Business 5707 HAYES STREET HOLLYWOOD, FL 33021		Mailing Address 5707 HAYES STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 3091 Palm Trace Landing DR		3. Mailing Address 3091 Palm Trace Landing DR	
Suite, Apt. #, etc. 1403		Suite, Apt. #, etc. 1403	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33314	Country USA	Zip 33314	Country USA



03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-498862 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PINON, GEORGE 5707 HAYES STREET HOLLYWOOD, FL 33021		Name PINON, GEORGE	
		Street Address (P.O. Box Number is Not Acceptable) 3091 Palm Trace Landing DR	
		STE 1403	
		City DAVIE	FL Zip Code 33314

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 George Pinon DATE 3/1/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINON, GEORGE		NAME PINON, GEORGE	
STREET ADDRESS 5707 HAYES STREET		STREET ADDRESS 3091 Palm Trace Landing DR, STE 1403	
CITY-ST-ZIP HOLLYWOOD, FL 33021		CITY-ST-ZIP DAVIE FL 33314	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: George Pinon GEORGE PINON 3/1/07 954-629-8348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #