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May 22, 2007 8:00 am
Secretary of State

05-03-2007 90255 007 ****50.00
04-02-2007 90436 011 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000061859

1. Entity Name
BEN-NISSAN MARINE GROUP, LLC

30008522

Principal Place of Business
3409 NE 169TH STREET
EASTERN SHORES, FL 33160

Mailing Address
3409 NE 169TH STREET
EASTERN SHORES, FL 33160

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NA TOA — 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
BEN-NISSAN, MEIR 3409 NE 169TH STREET EASTERN SHORES, FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MEIR BEN-NISSAN 3409 NE 169th ST NMB, FL 33160 / PRESIDENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager/Member Meir Ben-Nissan 3409 NE 169 St. N. Miami Beach, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Meir Ben Nissan 3/29/07 305/915 5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

PRESIDENT / MANAGING MEMBER