2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-08-2007 90193 031 ****50.00

DOCUMENT # L06000074023

1. Entity Name

ANN MARIE LLC

Principal Place of Business	Mailing Address
ANNMARIE CORSETTO 511 18TH STREET VERO BEACH FL 32960	ANNMARIE CORSETTO 1055 CREW LANE MANAHAWKIN NJ 08050

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Annmarie Corsetto	1025 Crew Lane
Suite, Apt. #, etc. 511 18th Street	Suite, Apt. #, etc.
City & State Vero Beach FL.	City & State Manahawkin N.J.
Zip 32960 Country	Zip 08050 Country Ocean

4. FEI Number 20-5320665 ~~149-66-6386~~ ☐ 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
INTRA COASTAL RENOVATORS, INC. 1155 19TH STREET VERO BEACH FL 32960	Name NA 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

Rec Feb 25 07 # 12 PNC

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORSETTO, ANNMARIE 1025 CREW LANE MANAHAWKIN NJ 08050	☐ 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 Section 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: Annmarie Corsetto Jan. 30, 2007 609-290-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #