

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093720

FILED
Apr 14, 2009
Secretary of State

Entity Name: MARINA DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

311 NORTH NEWPORT AVENUE
TAMPA, FL 33606 US

New Principal Place of Business:

311 N NEWPORT AVE
TAMPA, FL 33606 US

Current Mailing Address:

311 NORTH NEWPORT AVENUE
TAMPA, FL 33606 US

New Mailing Address:

311 N NEWPORT AVE
TAMPA, FL 33606 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAHN, F. LORRAINE
311 NORTH NEWPORT AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

JAHN, F. LORRAINE
311 N NEWPORT AVE
TAMPA, FL 33606 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EVELAND, ELLEN
Address: 311 NORTH NEWPORT AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: MGR () Delete
Name: HAMILTON, DENISE
Address: 311 NORTH NEWPORT AVENUE
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EVELAND, ELLEN
Address: 311 N NEWPORT AVE
City-St-Zip: TAMPA, FL 33606 US

Title: MGR (X) Change () Addition
Name: HAMILTON, DENISE
Address: 311 N NEWPORT AVE
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify 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: DENISE HAMILTON

MGR

04/14/2009

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