2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #L07000092654



FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90074 003 ***138.75

1. Entity Name MARSEILLES DRIVE PROPERTIES LLC					
Principal Plac 2259 MARSE PALM BEACH	EILLES DRIVE	Mailing Address 2259 MARSEILLES DRIVE PALM BEACH, FL 33403			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01182008 Chg-LLC CR2E083 (12/06)
City & State		City & State		11	4. FEI Number Applied For Not Applied be Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
AVENI, DORIE 2259 MARSEILLES DRIVE PALM BEACH, FL 33403				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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State					
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME	MGR AVENI, THOMAS L	☐ Delete	TILE	Į.	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	55 WAUGHAW ROAD TOWACO, NJ 07082		STRE	ET ADDRESS - ST-ZIP	
TITLE NAME		☐ Defete	TITLE		☐ Change ☐ Addition
STREET ADDRESS City-St-zip				ET ADDRESS -ST-ZIP	
TITLE NAME		☐ Defete	TITLE	í	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDFESS -ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDFESS -ST-ZIP	
TITLE NAME		☐ Delete	TITLE	1	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDFESS -ST-ZIP	
TITLE .	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRESS -ST-ZIP	
	carlify that the information supplied with	this filing does not qualify for			in Chapter 119. Florida Statutae further portituither the information
11. I hereby certify that the information supplied with this filling does pat qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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 of trustee empowerer to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: X					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #