


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90124 001 \*\*\*138.75

<b>DOCUMENT # L07000121112</b> 1. Entity Name <b>MARINE FINANCIAL HOLDINGS, LLC</b>																							
Principal Place of Business <b>201 S. BISCAYNE BLVD., SUITE 1500 (LAD)</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>201 S. BISCAYNE BLVD., SUITE 1500 (LAD)</b> <b>MIAMI, FL 33131</b>																				
2. Principal Place of Business - No P.O. Box # <b>750 N.E. 7th Avenue</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>Dania, FL</b>																					
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Zip <b>33004</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI</b> <b>201 S. BISCAYNE BLVD., SUITE 1500 (LAD)</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>																				
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>750 N.E. 7th Avenue</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Dania, FL 33004</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	750 N.E. 7th Avenue		CITY - ST - ZIP	Dania, FL 33004		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
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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.																							
<b>SIGNATURE</b> _____				Date <b>4/7/08</b> Daytime Phone #																			