


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002753</b> 1. Entity Name MARINELLA INVESTMENTS, LLC	
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Principal Place of Business C/O CORPORATION STE 2700 CENTERVILLE RD WILMINGTON, DE 19808	Mailing Address 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808
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<b>DO NOT WRITE IN THIS SPACE</b>
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04112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 38-3661860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WALDORF, DOUGLAS L JR HENDERSON, FRANKLIN, STARNES & HOLT, P.A. 1715 MONROE STREET FT. MYERS, FL 33901
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINELLA, SABINO 14 LOUIS DRIVE WELLESLEY, MA 02481
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04/28/08-80002-007 138.75

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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.		
SABINO MARINELLA SIGNATURE: <i>Sabino Marinella</i> MGR 4/11/08 781-235-2264		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #