## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Jan 18, 2007 08:00 AM Secretary of State

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1. Entity Name

PRISM MARINA PARTNERS, LLC



Principal Place of Business

Mailing Address

675 W. INDIANTOWN RD STE 201 JUPITER, FL 33458

**420 LEXINGTON AVENUE** 

STE 402

NEW YORK, NY 10170



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0817687 Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

NATIONAL CORPORATE RESEARCH, LTD., INC.

515 E. PARK AVE.

TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent.</li> </ol>	stered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE	<u> </u>	

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2007

1					
	9.	MANAGING MEMBERS/MANAGERS			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABELLA, RICHARD J 675 W. INDIANTOWN RD. STE 201 JUPITER, FL 33458			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY+ST-ZIP				
	TITLE  NAME -1,  STREET ADDRESS  CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS	$A \sim$			

U00000591481 01/19/07-80024-014 50.00

## DO NOT WRITE IN THIS SPACE

this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signalure shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the informindicated on this report is trulimited liability company or the and that my sign

SIGNATURE:

CITY-ST-ZIP