G/C

FILED
May 01, 2008 08:00 AM
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000002441

1. Entity Name
MARINA WAY GP HOLDINGS, LLC

Principal Place of Business
18851 NE 29 AVENUE, SUITE 1011
AVENTURA, FL 33180

Mailing Address
18851 NE 29 AVENUE, SUITE 1011
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
26-0494208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BENHAMOU, GILBERT
18851 NE 29 AVENUE, SUITE 1011
AVENTURA, FL 33180

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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 title 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

U00000939069
05/28/08-80014-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARINA WAY GP, LLC
STREET ADDRESS	18851 NE 29 AVENUE, SUITE 1011
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 04/30/08 (305) 935-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #