


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90057 006 ***200.00

DOCUMENT # M06000003898	
1. Entity Name MARINA LAKES PROFESSIONAL, LLC	

Principal Place of Business 3191 CORAL WAY STE 303 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY STE 303 MIAMI, FL 33145
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New Address (handwritten on both)

60015245

2. Principal Place of Business - No P.O. Box # 4960 SW 72nd Ave Suite, Apt. #, etc. Ste #304	3. Mailing Address 4960 SW 72nd Ave Suite, Apt. #, etc. Ste #304
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City & State Miami FL	City & State Miami FL
Zip 33155	Country DADE
Zip 33155	Country DADE



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5162660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIR, STE 601 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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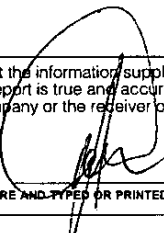
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARINA LAKES DEVELOPMENT, INC. 3191 CORAL WAY STE 303 MIAMI, FL 33145 <i>New address</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4960 SW 72nd Ave Ste #304 Miami FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  Date: 2/2/07 Daytime Phone #: 305-661-1161