


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90066 042 \*\*\*138.75

**DOCUMENT # M06000003898**

1. Entity Name  
MARINA LAKES PROFESSIONAL, LLC



Principal Place of Business  
4960 SW 72ND AVE  
STE 304  
MIAMI, FL 33155

Mailing Address  
4960 SW 72ND AVE  
STE 304  
MIAMI, FL 33155

**60009583**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc. **209**  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc. **209**  
City & State  
Zip Country

02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5162660

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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 **ORELIA ALVAREZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**4960 SW 72 AVE #209**  
City **MIAMI** FL **33155**

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 \_\_\_\_\_

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINA LAKES DEVELOPMENT, INC. 4960 SW 72ND AVE STE #304 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #