

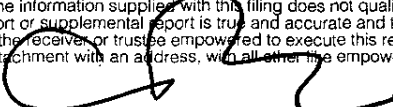


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V51150 1. Entity Name MARINA LANDING, INC.						FILED 04 APR 30 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6315 WESTGATE DR. ORLANDO, FL 32811 US				Mailing Address 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801 US			
2. Principal Place of Business		3. Mailing Address				04282004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3133567				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORP. SERV. OF CENTRAL FL., INC. 390 N ORANGE AVENUE 1100 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	800035820558 05/10/04--01072--003	
NAME	BROWN, DAVID C II		NAME				
STREET ADDRESS	390 N. ORANGE AVE. SUITE 1100		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE				
NAME	ROSEN, ROBERT T		NAME				
STREET ADDRESS	390 N. ORANGE AVENUE., SUITE 1100		STREET ADDRESS			800035820558 05/10/04--01072--003	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE				
NAME	ALLIGOOD, RANDAL M		NAME				
STREET ADDRESS	390 N. ORANGE AVENUE, SUITE 1100		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE			800035820558 05/10/04--01072--003	
NAME	MYERS, JANICE		NAME				
STREET ADDRESS	390 N. ORANGE AVENUE, SUITE 1100		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE				
NAME	ASSAF, ASSAF H		NAME				
STREET ADDRESS	7575 DR. PHILLIPS BLVD. SUITE 305		STREET ADDRESS			800035820558 05/10/04--01072--003	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE				
NAME	BROWN, DAVID C II		NAME				
STREET ADDRESS	390 N. ORANGE AVE, SUITE 1100		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.							
SIGNATURE: 				4/28/04		407-839-4200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C. David Brown, II, President				Date		Daytime Phone #	