

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90055 022 ****50.00

0017239

DOCUMENT # L01000004572

1. Entity Name
MARRICK PROPERTIES, L.L.C.

Principal Place of Business: **253 2ND AVE. N. ST. PETERSBURG FL 33701**
Mailing Address: **253 2ND AVE. N. ST. PETERSBURG FL 33701**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



90150429



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3714349** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
HOE, RICHARD E
~~700 19TH AVE. N. ST. PETERSBURG FL 33704~~
3900 Bayshore Blvd NE
St. Petersburg FL 33703

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: Richard E. Hoe (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: HOE, RICHARD E STREET ADDRESS: 253 2ND AVE. N. CITY-ST-ZIP: ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete		TITLE: MGR NAME: LISA Ulrich STREET ADDRESS: 253 2nd Ave N CITY-ST-ZIP: St. Petersburg FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: MGR NAME: WEIMER, MARK J STREET ADDRESS: 253 2ND AVE. N. CITY-ST-ZIP: ST. PETERSBURG FL 33701 <input checked="" 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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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	

11. 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 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] **FE REQUIRED** 8/12/03 727-822-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)