

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

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90007 048 \*\*\*\*50.00

DOCUMENT # L01000021446

1. Entity Name

MARRIOTT PARTNERS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
306 Pinetree Street  
Suite, Apt. #, etc.

3. Mailing Address  
306 Pinetree Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Duck Key FL

City & State  
Duck Key FL

4. FEI Number  
03-0384418

Applied For  
Not Applicable

Zip Country  
33050 Monroe

Zip Country  
33050 Monroe

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Roger Marriott

Street Address (P.O. Box Number is Not Acceptable)

306 Pinetree Street

City Duck Key FL Zip Code 33050

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.

SIGNATURE *R. Marriott*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member  
NAME Roger Marriott  
STREET ADDRESS 306 Pinetree Street  
CITY-ST-ZIP Duck Key FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Member  
NAME Janet Marriott  
STREET ADDRESS 306 Pinetree Street  
CITY-ST-ZIP Duck Key FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Member  
NAME Richard J Marriott  
STREET ADDRESS 306 Pinetree Street  
CITY-ST-ZIP Duck Key FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE Member  
NAME Charles E. Marriott  
STREET ADDRESS 9 Palmers Maple Shade  
CITY-ST-ZIP Saratoga Springs NY 12866

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *R. Marriott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083B (12/01)