


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # M05000005690	
1. Entity Name MARSHALL HOLDINGS, L.L.C.	

Principal Place of Business 928-D MAR WALT DRIVE C/O WILLIAM R. MARSHALL, M.D. FT. WALTON BEACH, FL 32547	Mailing Address 928-D MAR WALT DRIVE C/O WILLIAM R. MARSHALL, M.D. FT. WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
FT. WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL, WILLIAM R MD 928-D MAR WALT DRIVE FT. WALTON BEACH, FL 32547
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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: *W. Marshall* Date: 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #