2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#718918

Entity Name: MARLIN APARTMENTS CONDOMINIUM, INC.

FILED May 31, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 22 TULIP AVEUE APT. 311 22 TULIP AVENUE APT. 311 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 **Current Mailing Address: New Mailing Address:** 22 TULIP AVENUE APT. 311 22 TULIP AVEUE APT. 311 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 FEI Number: 59-1402146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SABELLI, ANN WEBSTER, JAMISON 6939 N WICKHAM RD 22 TULIP AVENUE MELBOURNE, FL 32940 US COCOA BEACH, FL 32931 US 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: JAMISON L. WEBSTER 05/31/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JOHNSON, JAMES JOHNSON, JAMES Name: Name: 1811 HACIENDA PL. Address: 1811 HACIENDA DR. Address: City-St-Zip: STEVENSVILLE, MI City-St-Zip: STEVENSVILLE, MI 49127 Title: () Delete Title: (X) Change () Addition THOMAS, MARY L Name: HARRIS, JOSEPH L Name: Address: 22 TULIP AVE Address: 185 MARLIN DR City-St-Zip: COCOA BEACH, FL City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: () Change () Addition DAVE MCNAMARA, Name: Name: 3018 CLEMWOOD DR Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CHRISTENSEN, CHRIS Name: Address: 2650 W SENECA TPKE Address: City-St-Zip: MARCELLUS, NY 13108 City-St-Zip: Title: () Delete Title: () Change (X) Addition ROGERS, PEARL Name: Name: 1904 TADCASTER RD Address: Address: City-St-Zip: City-St-Zip: BALTIMORE, MD 21228

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES JOHNSON PD 05/31/2002