2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AN
Secretary of State

1. Entity Name

THE MARSEILLES, L.C.



Principal Place of Business

Mailing Address

16549 PERDIDO KEY DRIVE PENSACOLA, FL 32507 P.O. BOX 511 ORANGE BEACH, AL 36561

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3617674

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JACKSON G 16549 PERDIDO KEY DRIVE PENSACOLA, FL 32507

SIGNATURE

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		U00000600974
NAME	SMITH, JACKSON G		01/26/07-80029-025 50.00
STREET ADDRESS	16549 PERDIDO KEY DRIVE		01/20/01-00023-023 30.00
City-St-ZIP	PENSACOLA, FL 32507		**
TITLE NAME STREET ADORESS CITY-ST-ZIP			
TITLE KAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN -	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

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