2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0000003788

1. Entity Name MARAZUL, LLC



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

11223 MARYGOLD DRIVE BRADENTON, FL 34202 11223 MARYGOLD DRIVE Bradenton, FL 34202



01292007 No Chg-LLC

CR2E083 (11/05)

	* F 00
65-0996582	Not Applicable
f. FEI Number	Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN & MENCHINGER 2831 RINGLING BLVD., STE. 204-B SARASOTA, FL 34237

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			IIN 11	HIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of char- ions of registered agent.	nging its registered o	flice or registered agent, or both,	in the State of Florida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Age	nt agnature required when renatating)	- DATE	
Fi D	ling Fee is \$50.00 ue by May 1, 2007			U00000616238 02/07/07-80020-016	50.00
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGR FAROH, EDGAR 11223 MARYGOLD DRIVE BRADENTON, FL 34202 MGR FAROH, ORLANDO 11223 MARYGOLD DRIVE BRADENTON, FL 34202				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				NOT WRITE HIS SPACE	
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11. I hereby certify that the information supplied with this fiting 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Signat	'URE: _
	SIGNATURE AL

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

100

Daytime Phone #