

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011968

1. Entity Name
FLORIDA MARKER, LLC



Principal Place of Business
**1929 ALLEN PARKWAY
HOUSTON, TX 77019**

Mailing Address
**1929 ALLEN PARKWAY
HOUSTON, TX 77019**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
76-0657205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P USELTON, MICHAEL 1929 ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAIBORNE, TIMOTHY J 1929 ALLEN PKWY, 9TH FL HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORING III, HARRIS E 1929 ALLEN PKWY, 9TH FL HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIPSON, RAY A 1929 ALLEN PKWY, 9TH FL HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, SUSAN L 1929 ALLEN PKWY, 9TH FL HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, JUDITH M 1929 ALLEN PKWY, 9TH FL HOUSTON, TX

U00000009215
01/21/04-80002-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

HARRIS E LORING III

1/8/04

713-522-5141

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #