

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2005 8:00 am
Secretary of State

06-28-2005 90027 007 ****50.00

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**

20060753

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

76-0657205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☒ Delete
NAME **USELTON, MICHAEL**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON, TX 77019**

TITLE **P** ☐ Change ☒ Addition
NAME **NOBLE L LONGINO**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **V** ☐ Delete
NAME **CLAIBORNE, TIMOTHY J**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FL**
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **LORING III, HARRIS E**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FL**
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GIPSON, RAY A**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FL**
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GARRETT, SUSAN L**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FL**
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARSHALL, JUDITH M**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FL**
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

6/28/05

Date

713-522-5141

Daytime Phone #