2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED

- 522-5141

Apr 05, 2006 8:00 am Secretary of State **DOCUMENT # L00000011968** 04-05-2006 90021 050 ****50.00 1. Entity Name FLORIDA MARKER, LLC Principal Place of Business Mailing Address 1929 ALLEN PARKWAY 1929 ALLEN PARKWAY HOUSTON, TX 77019 HOUSTON, TX 77019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 76-0657205 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. THILE ☐ Delete TITLE ☐ Change ☐ Addition LONGINO, NOBLEL NAME NAME 1929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77019 ☐ Delete ☐ Change ☐ Addition TITLE TITLE CLAIBORNE, TIMOTHY J NAME NAME 1929 ALLEN PKWY, 9TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX CITY-ST-ZIP Change Change ☐ Addition Delete TITLE TITLE LORING III, HARRIS E NAME MARK EUANS 1929 ALLEN PARKURY NAME STREET ADDRESS 1929 ALLEN PKWY, 9TH FL STREET ADDRESS CITY-ST-ZIP HOUSTON, TX CITY-ST-7IP HOUSTON TY 77019 Change Addition Delete TITLE TITLE NOBLE L LONGINO 1929 ALLEN PARIEWRY GIPSON, RAY A NAME NAME **STREET ADDRESS** 1929 ALLEN PKWY, 9TH FL STREET ADDRESS CITY-ST-7/P TY-ST-ZIP HOUSTON, TX HOUS TOD ☐ Change ■ Addition ☐ Delete TITLE ' TLE D GARRETT, SUSAN L AME STREET ADDRESS 1929 ALLEN PKWY, 9TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOUSTON, TX □ Change ☐ Addition TITLE ☐ Delete MARSHALL, JUDITH M NAME NAME 1929 ALLEN PKWY, 9TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 11. I hereby certify that the information supplied with this filling 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.

MARIC EVANS

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE