

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013463****1. Entity Name**

NEW MARLIN LAKES ASSOCIATES, L.L.C.

Principal Place of Business

1000 MARLIN LAKES CIRCLE

SARASOTA
34232

FL

Mailing Address

1000 MARLIN LAKES CIRCLE

SARASOTA
34232

FL

2. Principal Place of Business**3. Mailing Address**

2701 E. LUZERNE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PHILADELPHIA

PA

Zip

Country

Zip

Country

19137

4. FEI Number**23-3060081**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01/23/2001

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN JON JESQ. 2701 E. LUZERNE STREET PHILADELPHIA PA 19137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER STEVEN AESQ. 2701 E. LUZERNE STREET PHILADELPHIA PA 19137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven A. Berger

MGRM 01/23/2001

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

Date

Daytime Phone #

CR2E083 (11/00)