

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014185

Entity Name: MARKSMAN, L.C.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES, FL 33146

New Principal Place of Business:

2199 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134

Current Mailing Address:

8405 NW 53 ST., C-102
MIAMI, FL 33166

New Mailing Address:

8405 NW 53 ST., B-220
MIAMI, FL 33166

FEI Number: 65-1053645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

STINSON, LOUIS JR.
2199 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134 US

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:

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: VOLLMER, FEDERICO A
Address: 8405 NW 53RD ST., C-102
City-St-Zip: MIAMI, FL 33166

Title: VPSD () Delete
Name: LOPEZ, LUIS E
Address: 8405 N.W. 53RD ST., C-102
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: LIPTRAP, DENNIS
Address: 8405 N.W. 53RD ST., C-102
City-St-Zip: MIAMI, FL 33166

Title: AS () Delete
Name: STINSON, LOUIS JR
Address: 4675 PONCE DE LEON BLVD., SUITE 305
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: VOLLMER, FEDERICO A
Address: 8405 NW 53RD ST., B-220
City-St-Zip: MIAMI, FL 33166

Title: VPSD (X) Change () Addition
Name: LOPEZ, LUIS E
Address: 8405 N.W. 53RD ST., B-220
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change () Addition
Name: LIPTRAP, DENNIS
Address: 8405 N.W. 53RD ST., B-220
City-St-Zip: MIAMI, FL 33166

Title: AS (X) Change () Addition
Name: STINSON, LOUIS JR
Address: 2199 PONCE DE LEON BLVD., SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOPEZ, LUIS E.

VPSD

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date