APPROVED
AND
FILED

01 AUG 21 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014425

1. Entity Name

BLUE MARLIN PROPERTIES, LLC

Principal Place of Business	Mailing Address
7630 N.W. 6TH AVE.	7630 N.W. 6TH AVE.
BOCA RATON, FL 33487	BOCA RATON FL. 33487

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2901 CLINT MOORE Rd. Suite, Apt. #, etc. #412
City & State	City & State BOCA RATON, FL
Zip / Country	Zip 33496 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1056659 ☐ Applied For ☐ Not Applicable

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
MARK FLICKER 6688 PORTSIDE DR. BOCA RATON, FL 33496	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 Mark Flicker 8/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER MARK FLICKER 6688 PORTSIDE DR. BOCA RATON, FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER SCOTT SCHNEIDER 7975 YORKSHIRE CT. BOCA RATON, FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004553180--3 -08/24/01--01010--001 *****50.00 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER MICHAEL PUDER 5235 PRINCETON WAY BOCA RATON, FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004553180--3 -08/24/01--01010--002 *****5.00 *****5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Mark Flicker 8/14/01 561-477-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #