FILED
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Secretary of State
05-03-2002 90038 014 ****50.00

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951687

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014425

1. Entity Name
Blue Marlin Properties LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7630 NW 6th Ave
City-State
Boca Raton, Fl.
Zip 33487 Country

3. Mailing Address
2901 Clint Moore Rd #212
City-State
Boca Raton, Fl.
Zip 33496 Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Name: Flicker, Mark
Street Address: 6698 Portside Drive
City: Boca Raton, FL Zip: 33496

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: _____ DATE

FEE: $ 50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM NAME Flicker, Mark STREET ADDRESS 6698 Portside Drive CITY-ST-ZIP Boca Raton, Fl. 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM NAME Schneider, Scott STREET ADDRESS 7975 Yorkshire Ct CITY-ST-ZIP Boca Raton, Fl. 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME Puder, Michael STREET ADDRESS 5235 Princeton Way CITY-ST-ZIP Boca Raton, Fl. 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083A (12/01)

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: Michael Puder 4/24/02 561-893-9033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Telephone Number