2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 10, 2005 8:00 am Secretary of State

DOCUMENT # L0100005700 1. Entity Name MARLIN BISSO MANAGEMENT COMPANY, LLC					02-10-2005 90192 045 ****50.00		
Principal Place of Business 2146 TYLER RD., STE 214 BIRMINGHAM, AL 35226 P.O. BOX 660571 BIRMINGHAM, AL 35226 BIRMINGHAM, AL 35226							1881 1881
2. Principal Place of Business 2142 Tyler Road		3. Mailing Address					
Suite Apt. #, etc. Suite 110		Suite, Apt. #, etc.		02032005			
City & State Birmingham, Alabama		City & State		4. FEI Numb		 	plied For t Applicable
Zip - 3522	Country	Zip	Country	5. Certificate of Status Desired		55.00 Add	
6. Name and Address of Current		Registered Agent		7. Name and	7. Name and Address of New Registered Agent		
RUNNELS, DAVAGE J III				dress (P.O. Box Number is Not Acceptable)			
36468 EMERALD COAST PKWY SUITE 2101			Silver Address (F.O. Box Normalis Not Acceptable)				
DESTIN, FL 32541							
City P. The shove gamed entity submits this extendent for the gurgoes of changing its registered office or registered.					oth in the State of Ele	FL Zip Code	
8. The above named entity submits this easternent 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. (NOTE: Registered Agent signature required when reinstating). DATE							
Filing Fee is \$50.00 Due by May 1, 2005						e check payable to Department of State	a
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BISSO, RICHARD L 2146 TYLER RD., STE 214		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2142 Tyle	GRM Change Addition ichard L. Bisso 142 Tyler Rd. Suite 110 irmingham, Al. 35226		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP		m, AI. 3322	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		□ 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
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

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.

205-822-3982

Daytime Phone #