

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90087 046 ****50.00

DOCUMENT # L01000008854

1. Entity Name

WHITE MARLIN GROUP, LLC



Principal Place of Business

125 NAUTILUS DRIVE
 ISLAMORADA FL 33036

Mailing Address

125 NAUTILUS DRIVE
 ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0591513

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

SMITH, HARRY J
 125 NAUTILUS DRIVE
 ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM Delete
 NAME SMITH, HARRY J
 STREET ADDRESS 125 NAUTILUS DRIVE
 CITY-ST-ZIP ISLAMORADA FL 33036

TITLE MGRM Delete
 NAME SMITH, REBECCA A
 STREET ADDRESS 125 NAUTILUS DRIVE
 CITY-ST-ZIP ISLAMORADA FL 33036

TITLE Delete
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TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: Rebecca A. Smith 4/26/04 (305) 664-3090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #