


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009453	
1. Entity Name MARLIN PAYMENT SOLUTIONS, LLC	

Principal Place of Business 3700 COMMERCE BOULEVARD KISSIMMEE, FL 34741	Mailing Address 3700 COMMERCE BOULEVARD KISSIMMEE, FL 34741
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04132004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3725489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000152685
05/04/04-80096-003 350.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEER, ROY M 2535 SUCCESS DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACHMAN, CELIA H 3600 COMMERCE BOULEVARD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Celia H. Bachman CELIA H. BACHMAN 4-27-04 407-251-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #