


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013199
1. Entity Name
MARABLU FARM LLC



Principal Place of Business 5600 N.W. 165TH STREET REDDICK FL 32686	Mailing Address 5600 N.W. 165TH STREET REDDICK FL 32686
---	---



2. Principal Place of Business	3. Mailing Address	
--------------------------------	--------------------	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
---------------------	---------------------	--

City & State	City & State	4. FEI Number 80-0032312
--------------	--------------	------------------------------------

1st MOORE CR2E083 (10/05)

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
-----	---------	-----	---------	---

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**OBERFEST, BRUCE
C/O MARABLU FARM
450 E. LAS OLAS BLVD., SUITE 850
FT. LAUDERDALE FL 33301**

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 _____ (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, 2006

U09000502776
04/26/06-80007-001 50.00

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	MGRM HENDERSON, A. DOUGLAS	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 850			STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33301			CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  4-7-06