

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90247 034 \*\*\*\*50.00

0000000000

1. Entity Name

L01000018199

MARBLE FIDELITY TRUST LLC

970066

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2328 10th Ave. No.

3. Mailing Address

2328 10th Ave. No.

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

Suite 403

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-1148753

Applied For

Not Applicable

Zip

33461-6606

Country

U.S.A.

Zip

33461-6606

Country

U.S.A.

5. Certificate of Status Desired

☐

\$5.00 00000000  
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7. Name and Address of Current Registered Agent

Name

Rukin, Roger

Street Address (P.O. Box Number is Not Acceptable)

2328 10th Ave. No., Suite 403

City

LAKE WORTH

FL

Zip Code

33461-6606

**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.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER MEMBER  
JAMES B. RUKIN REVOCABLE TRUST  
2328 10th AVE. No. SUITE 403  
LAKE WORTH, FL 33461-6606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER MEMBER  
JULIA R. RUKIN REVOCABLE TRUST  
2328 10th AVE. No. SUITE 403  
LAKE WORTH, FL 33461-6606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
ROGER B. RUKIN  
2328-10th AVE. No. Suite 403  
LAKE WORTH, FL 33461-6606

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/26/02 561-586-0100

CR2E083B (12/01)