


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018199	
1. Entity Name MARBLE FIDELITY TRUST, LLC	

Principal Place of Business 2328 TENTH AVENUE NORTH, STE. 403 LAKE WORTH, FL 33461-6606	Mailing Address 2328 TENTH AVENUE NORTH, STE. 403 LAKE WORTH, FL 33461-6606
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04052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148753	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RUKIN, ROGER 2328 TENTH AVENUE NORTH, STE. 403 LAKE WORTH, FL 33461-6606
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

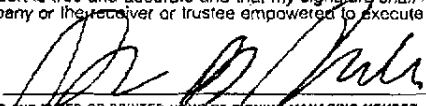
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES B. RUKIN REVOCABLE TRUST 2328 10TH AVE N STE 403 LAKE WORTH, FL 334616606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULIA R. RUKIN REVOCABLE TRUST 2328 10TH AVE N STE 403 LAKE WORTH, FL 334616606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUKIN, ROGER B 2328 10TH AVE N STE 403 LAKE WORTH, FL 334616606
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**U00000500450
04/25/06-80022-018 50.00**

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____