

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90150 039 ****55.00

DOCUMENT # L01000020513

1. Entity Name
MARATHON RUNNERS, L.L.C.

Principal Place of Business

**2982 BOGGY CREEK RD.
 KISSIMMEE FL 34744
 US**

Mailing Address

**P.O. BOX 453191
 KISSIMMEE FL 34745
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1130 E. DONEGAN AVE.
 SUITE #4**

3. Mailing Address

P.O. BOX 453191

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

05-1158535

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34745

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KECK, JOSHUA C
 2982 BOGGY CREEK RD.
 KISSIMMEE FL 34744**

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** Delete
 NAME **KECK, JOSHUA C**
 STREET ADDRESS **2982 BOGGY CREEK RD.**
 CITY-ST-ZIP **KISSIMMEE FL 34544**

10. ADDITIONS / CHANGES

TITLE **MGRM** Change Addition
 NAME **LAUREN COMPTON**
 STREET ADDRESS **1331 WOODCREST BLVD.**
 CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

SIGNATURE REQUIRED

3/12/03

407-460-0991

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

Date

Daytime Phone #

CR2E083 (9/01)