


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000004675</b> 1. Entity Name <b>MARLON KNOX, LLC</b>		
Principal Place of Business <b>2025 S MIAMI RD., #13 FORT LAUDERDALE FL 33316</b>		Mailing Address <b>PO BOX 460672 FORT LAUDERDALE FL 33346</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. # etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country



MOORE CR2E083 (11/03)

4. FEI Number <b>03-0408320</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 2025 S MIAMI RD. FORT LAUDERDALE FL 33316</b>		
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> 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, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KNOX, MARLON 2025 S MIAMI RD FORT LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 101000044582 02/11/04-80026-011 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_ **1/29/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #