

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90015 028 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000004675**

1. Entity Name  
**MARLON KNOX, LLC**

Principal Place of Business  
 3301 SOUTH ANDREWS AVE., STE. #C33  
 FORT LAUDERDALE, FL 33316

Mailing Address  
 3301 SOUTH ANDREWS AVE., STE. #C33  
 FORT LAUDERDALE, FL 33316

10104523



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
 2025 S. MIAMI RD  
 Suite, Apt. #, etc.  
 #13  
 City & State  
 FT LAUDERDALE  
 Zip  
 33316  
 Country  
 USA

3. Mailing Address  
 P.O. Box 460672  
 Suite, Apt. #, etc.  
 City & State  
 FT. LAUDERDALE  
 Zip  
 33346  
 Country  
 USA

4. FEI Number  
 03-0408320  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33146

7. Name and Address of New Registered Agent  
 Name  
 MARLON KNOX  
 Street Address (P.O. Box Number is Not Acceptable)  
 2025 S. MIAMI ROAD  
 City  
 FT. LAUDERDALE FL Zip Code 33316

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 DATE 4/30/03

(NOTE: Registered Agent's Signature required when reinstating)

FILE NOW! FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 Due By: May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNOX, MARLON 3301 SOUTH ANDREWS AVE., STE. #C33 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2025 S. MIAMI ROAD FT. LAUDERDALE, FL 33316 <input checked="" 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
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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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

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 DATE 4/30/03

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

CR2E083 (10/02)