

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022643

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: MARLIN LURE INVESTMENTS, L.L.C.

## Current Principal Place of Business:

1525 OAK FOREST DRIVE  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

3635 S. CLYDE MORRIS BLVD.  
100  
PORT ORANGE, FL 32129

## Current Mailing Address:

1525 OAK FOREST DRIVE  
ORMOND BEACH, FL 32174

## New Mailing Address:

3635 S. CLYDE MORRIS BLVD.  
100  
PORT ORANGE, FL 32129

FEI Number: 51-0425036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STELLA, GREGROY J  
1525 OAK FOREST DRIVE  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

STELLA, GREGROY J  
3635 S. CLYDE MORRIS BLVD.  
100  
PORT ORANGE, FL 32129 US

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:

04/05/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: STELLA, MARY V  
Address: 1525 OAK FOREST DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: STELLA, GREGORY J  
Address: 1525 OAK FOREST DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GASTROINTESTINAL ASS, OCIATES  
Address: 3635 S. CLYDE MORRIS BLVD. 100  
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change ( ) Addition  
Name: ADVANCED GASTROENTER, OLOGY  
Address: 1690 DUNLAWTON AVE., 210  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR ( ) Change (X) Addition  
Name: GASTROENTEROLOGY CON, SULTANTS  
Address: CLYDE MORRIS BLVD., A  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GREGORY STELLA

MGR

04/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date