

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90361 020 \*\*\*\*50.00

**DOCUMENT # L02000027248**

1. Entity Name  
**MARK I PROPERTIES, LLC**



Principal Place of Business  
**226 S. PALAFOX ST - 6TH FLOOR  
PENSACOLA, FL 32502**

Mailing Address  
**PO BOX 710  
PENSACOLA, FL 32591**

**30009014**



**DO NOT WRITE IN THIS SPACE**

04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**56-2300355**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHILL, LAWRENCE C  
226 S. PALAFOX ST - 6TH FLOOR  
PENSACOLA, FL 32502**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCHILL, LAWRENCE C  
226 S. PALAFOX ST - 6TH FLOOR  
PENSACOLA, FL 32502**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HAYES, KEVIN M  
3421 CONNELL DRIVE  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

**4/12/07**