

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90054 009 ***138.75

DOCUMENT # L02000029003

1. Entity Name
MARC BELL REALTY PARTNERS I, L.L.C.



Principal Place of Business

**6800 BROKEN SOUND PARKWAY NW, 2ND FLOOR
BOCA RATON, FL 33487**

Mailing Address

**6800 BROKEN SOUND PARKWAY NW, 2ND FLOOR
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

11-1602056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELL, MARC H
6800 BROKEN SOUND PKWY
SUITE 200
BOCA RATON, FL 33487**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BELL, MARC H
STREET ADDRESS	6800 BROKEN SOUND PKWY NW
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
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CITY-ST-ZIP	

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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 #