## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #1 02000033390



FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Entity Name THE MARIAN GROUP, LLC				07 JAN -	8 AM 8: 05
Principal Place of Business 1829 SILVER STAR ROAD ORLANDO, FL 32804		Mailing Address PO BOX 161594 ALTAMONTE SPRINGS, FL 32716			IN BEIDE NIER NIER NIER NIER FANL BEIERK AL LERI
2. Principal Place of Business		3. Mailing Address 1829 Silven Stae RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 REIN-LLC	CR2E101 (11/05)
City & State		ORLANDS, FL		4. FEI Number 13-4236482	Applied For Not Applicable
Zip	Country		Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New F	Registered Agent
DOWNEY, 102 ESSE LONGWO			Street Address (P.O. Box Number is Not Acceptable)		
	•		City		FL 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  Signature. Typed or printed name of registered agent and filter if applicable (NOTE: Registered Agent signature regulared when reinstating)  DATE					
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607. liability company did not re			07.193(2)(b), F.S., th	ne limited Mak	te check payable to a Department of State
9.	MANAGING MEMBE		10.	ADDITIONS	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWNY, PAUL 102 ESSEX CT LONGWOOD, FL 32779	☐ Delete	NAME STREET ADDRESS C11Y-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CHY-S1-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NIILE NAME STREET ADDRESS CITY-ST-ZIP	500084 01/12/070101	Change Addition 150495 .1-027 **100.00
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 (177 )	□ Change □ Addition □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
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: NO COLOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylete Phone #					

## The Marian Group, L.L.C. 1829 Silver Star Road Orlando, FL 32804

Tel: 407-447-6800

Fax: 407-447-6804

I did not receive notification for the 2006 Annual Report.

Regards,

Paul Downey, Mgr.