LIMITED LIABILITY COMPANY

Mar 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** L02000033390 **DOCUMENT#** 03-12-2003 90013 021 \*\*\*\*50.00 1. Entity Name THE MARIAN GROUP, LLC DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business P.O. Dex 161594 871 Sunshine LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Ju, 12 # 117 Applied For 4. FEI Number City & State Altamonte Springs, Fl. ALLAMONIE SPRINGS, FL Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street-Address (P.O.-Box Number is Not Acceptable) SSEX 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 FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS CR2E083B (12/02 TITLE TITLE NAME 101 Reserch STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 10, 10, 000 on 18135114 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOTWRITE CITY-ST-74P CITY=ST-ZiP-IN THIS SPACE TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED**