

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # L03000000053

1. Entity Name
MARK 55, L.L.C.



Principal Place of Business
**321 SPANISH GOLD LANE
NORTH CAPTIVA ISLAND, FL**

Mailing Address
**P.O. BOX 236
PINELAND, FL 33945**



03132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1656075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, JANE R
321 SPANISH GOLD LANE
NORTH CAPTIVA ISLAND, FL**

**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	MGRM
NAME	HENDERSON, JEFFREY R
STREET ADDRESS	P.O. BOX 2331
CITY-ST-ZIP	PNELAND, FL 33945
TITLE	MGRM
NAME	HENDERSON, JANE R
STREET ADDRESS	P.O. BOX 2331
CITY-ST-ZIP	PNELAND, FL 33945
TITLE	MGRM
NAME	BURGESS, STEPHANIE
STREET ADDRESS	P.O. BOX 507
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	MGRM
NAME	ALBORN, DENNIS
STREET ADDRESS	5620 THISTLEDOWN TERRACE
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	MGRM
NAME	YEAGER, BRETT
STREET ADDRESS	9970 EDGEWOODSHORE RD
CITY-ST-ZIP	EDGERTON, WI 53534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80058-003 50.00

**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 606, Florida Statutes.

SIGNATURE:

Dave R. Henderson

Jane R. Henderson

3/14/07

239-472-5689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #