

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000000232

1. Entity Name
MARX INVESTMENT GROUP, LLC



Principal Place of Business
**16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042**

Mailing Address
**16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042**



03272006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2089107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, RAYMOND DEAN
16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALTERS, RAYMOND DEAN
16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALTERS, SANDRA KAY
16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEISS, FRANK E
10925 SE 119TH STREET
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEISS, P. JEANNINE
10925 SE 119TH STREET
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000493017
04/19/06-80087-021 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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4-1-06 305.745.1409