2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

STREET ADDRESS

SIGNATURE: L

CITY-ST-ZIP

Feb 06, 2004 8:00 am **Secretary of State** DOGUMENT # L03000004748 1. Entity Name 02-06-2004 90162 036 ****50.00 MARLEE INVESTMENTS, LLC Principal Place of Business Mailing Address 10205 COLLINS AVENUE, UNIT 303 10205 COLLINS AVENUE, UNIT 303 24008265 MIAMI BEACH FL 33154 MIAMI BEACH FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number 76-0058506 City & State City & State Applied For Not Applicable \$5.00 Additional Zip Country Żip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent يال المراجع الرياعيمين مريان الن الاناب بمريمين يراد المينانية اليراجي LISSETTE BENITEZ ORTIZ, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD., SUITE 330 **CORAL GABLES FL 33134** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. mgrm TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME HAROLD TRIPP 10205 COLLINS AVE Miami Benew PLA. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Oelete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME

STREET ADDRESS

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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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

INNOLD TRIAN DIRECTOR

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

FILED