

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000004748					
1. Entity Name MARLEE INVESTMENTS, LLC					
Principal Place of Business 10205 COLLINS AVENUE, UNIT 303 MIAMI BEACH FL 33154			Mailing Address 10205 COLLINS AVENUE, UNIT 303 MIAMI BEACH FL 33154		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0058506	
5. Certificate of Status Desired ☐				Applied For Not Applicable	



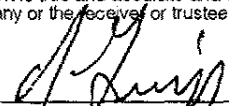
1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent LISSETTE BENITEZ ORTIZ, ESQ. 2121 PONCE DE LEON BLVD., SUITE 330 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name 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 _____		DATE _____	
Signature, typed or printed name of registered agent, and title if applicable		(NOTE: Registered Agent's signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRIPP, HAROLD 10205 COLLINS AVE MIAMI BEACH FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LI00000303209 04/13/05-80104-009 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Harold Tripp** **March 28/05** **305-305-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #