


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90194 027 \*\*\*\*50.00

<b>DOCUMENT # L03000013313</b>	
1. Entity Name <b>MARSHVIEW DEVELOPMENT, L.L.C.</b>	

Principal Place of Business <b>2251 ST. JOHNS BLUFF RD. S. JACKSONVILLE FL 32246</b>	Mailing Address <b>2251 ST. JOHNS BLUFF RD. S. JACKSONVILLE FL 32246</b>
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2. Principal Place of Business - No P.O. Box # <b>2407 Mayport rd</b>	3. Mailing Address <b>2407 Mayport rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

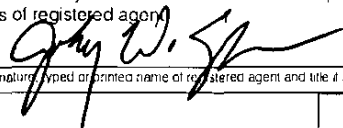
City & State <b>Atlantic Bch, FL</b>	City & State <b>Atlantic Bch, FL</b>
Zip <b>32233</b>	Zip <b>32233</b>
Country	Country

4. FEI Number <b>20-0734285</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HERMAN, CAROLYN ESQ. 830 S. THIRD ST. #104 JACKSONVILLE BEACH FL 32250</b>	
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7. Name and Address of New Registered Agent Name <b>John Shea</b> Street Address (P.O. Box Number is Not Acceptable) <b>2407 Mayport rd</b> City <b>Atlantic Bch</b> <b>FL</b> Zip Code <b>32233</b>	
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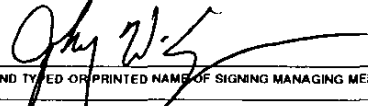
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MARSH CAY, INC. 2251 ST. JOHNS BLUFF RD. S. JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2407 Mayport rd Atlantic Bch, FL 32233</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

<b>SIGNATURE:</b> 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		