2005 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED May 03, 2005 08:00 AM Secretary of State	
DOCU	MENT # L0300001	3777		Secre	tary of State
1. Entity Name MARLYN MANAGEMENT PROPERTIES, L.L.C.					
Principal Place of BusinessMailing Address9150 S.W. 87TH AVENUE STE. 2059150 S.W. 87TH AVENUE STE.MIAMI, FL 33176MIAMI, FL 33176			STE. 205	02242005No Chg-LLC CR2E083 (10/03)	
DO NOT WRITE IN THIS SPAC			ACE		
				59-1347627	Not Applicable
				5. Certificate of Status Desirød	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GREENFIELD, ALYSON E 15105 NW 77 AVENUE STE. 303 MIAMI LAKES, FL 33014				DO NOT W IN THIS SI	
S. 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, types or printed name of registered agent and title II applicable. (NOTE Registered Agent signature requires when renataling) DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
9. THE	MANAGING MEM	BERS/MANAGERS			258607 80123-002 50.00
NAME STREET ADORESS GUY ST ZIP	GREENSTEIN, STEWART A 9150 S.W. 87TH AVENUE STE MIAMI, FL 33176	. 205			COMED OGE SORTH
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY ST-ZIP	NAME STREY ADDRESS CITY S1-ZIP DO NOT WRIT				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: SIGNATURE AND DUFEDOW FRINTED NAME OF SIGULAT ARRAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date					