

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023300

Entity Name: MARDEN ROAD, L.L.C.

FILED
Jan 30, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 770669
WINTER GARDEN, FL 34777

New Principal Place of Business:

308 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

Current Mailing Address:

PO BOX 770669
WINTER GARDEN, FL 34777

New Mailing Address:

FEI Number: 20-0169262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRBY, JOHN R
332 W. TILDEN STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: KIRBY, JOHN R
Address: 332 WEST TILDEN STREET
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM () Change (X) Addition
Name: MACIEL, MARK A
Address: 12030 RADBORNE STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Change (X) Addition
Name: ANDREYEV, NICOLAS E
Address: 802 WETSTONE PLACE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN R. KIRBY

MGRM

01/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date