2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L03000025521

Entity Name: MARATHON INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

5207 MAGNOLIA OAKS LANE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5207 MAGNOLIA OAKS LANE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 55-0839324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANGE, JOANN
5207 MAGNOLIA OAKS LANE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

MANGE, JOANN RA
5207 MAGNOLIA OAKS LANE
JACKSONVILLE, FL 32210 US

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: JOANN MANGE 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GAY, BOB
Address: 4961 ORTEGA FARMS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete
Name: HARWOOD, MINDY
Address: 5048 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete
Name: SCOTT, REX
Address: 10610 OXFORD MILL CIRCLE
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOANN MANGE RA 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date