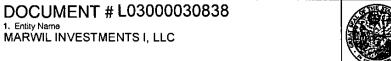
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 28, 2005 8:00 am Secretary of State 01-28-2005 90076 016 ****50.00

MARWIL INVESTMENTS I, LLC											
Principal Place of Business C/O THOMAS C. NASH, II 625 COURT ST., SUITE 200 CLEARWATER, FL 33756		Mailing Address C/O THOMAS C. NASH, II 625 COURT ST., SUITE 200 CLEARWATER, FL 33756				20004913					
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\neg	01062005	Chg-LL	С	CR2E08	33 (10/03)	
City & State		City & State				4. FEI Numb 20-032					oplied For of Applicable
Zip	Country	Zip	У		5. Certificate of Status Desired \$5.00 Additional Fee Required_						
	6. Name and Address of Current F					7. Name and Address of New Registered Agent					
ALACILII T	NOMAC O ECO	Name									
1025 COU	HOMAS C ESQ RT STREET, SUITE 200 ITER, FL 33756		Street Address (P.O. Box Number is Not Acceptable)								
			-	City						17.0	
			ŀ	City					FL	Zip Cod	
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 .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	Agent signature re	equired v	when reinstating)	-	1	DATE	<u>, e e e e e</u>	<u>:</u>
Filing Fee is \$50.00 Due by May 1, 2005		36.60				Make check payable to Florida Department of State					e
9.75.	MANAGING MEMBER	RS/MANAGERS	10.				ADDI	TIONS/C	HANGES	1,23	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM LOILTON, MARK 540 LIDO DRIVE FORT LAUDERDALE, FL 33301	☐ Delete		T ADDRESS ST-ZIP	،در	Hon, r	Mark			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				•		Change ,	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete -		T ADDRESS ST-ZIP						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS S1-ZIP						Change .	Addition .
TITLE		☐ Delete	TITLE			,		<u></u>		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			: ! !		2.0		
Indicated	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	hat my sionatura shail haya th	ames a	local offect a	e if m	ade under oati	h that I am a	atutes. I fu managin	urther certi g membe	ify that the ir r or manage	nformation er of the

SIGNATURE: SIGNATURE NO TYPED ON PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE