


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90160 004 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000044831</b>                        |  |
| 1. Entity Name<br><b>MARLIN ROAD INVESTMENTS, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>88005 OVERSEAS HIGHWAY<br/>ISLAMORADA FL 33036</b> | Mailing Address<br><b>88005 OVERSEAS HIGHWAY, PMB 10-162<br/>ISLAMORADA FL 33036</b> |
| <b>18728 S.W. 107th Avenue</b>   |  |

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>Unit 3 23421</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.                       |

|                                       |              |
|---------------------------------------|--------------|
| City & State<br><b>Miami, Florida</b> | City & State |
| Zip<br><b>33157</b>                   | Country      |
| Country                               | Country      |

|   |  |
|---|--|
| 4. FEI Number<br><b>EW 45-0528171</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>WEITZMAN, JACK L<br/>9190 SUNSET DRIVE<br/>MIAMI FL 33173</b>                     |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2004</b>                                |  |

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>GARDNER, EARNIE L<br/>88005 OVERSEAS HIGHWAY<br/>ISLAMORADA FL 33036</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:** *Earnie L. Gardner* **Earnie L. Gardner** *2/10/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #