


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90422 049 ****50.00

DOCUMENT # L03000044831	
1. Entity Name MARLIN ROAD INVESTMENTS, LLC	

Principal Place of Business 18728 SW 107TH AVE. UNI B 234221 MIAMI, FL 33157	Mailing Address 88005 OVERSEAS HIGHWAY, PMB 10-162 ISLAMORADA, FL 33036
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20010776

2. Principal Place of Business	3. Mailing Address 1914 Forest Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2A
City & State	City & State Annapolis, MD
Zip	Zip 21401
Country	Country USA



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 45-0528171		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
WEITZMAN, JACK L 9190 SUNSET DRIVE MIAMI, FL 33173		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL 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 _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDNER, EARNIE L 88005 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gardner, Earnie L 1914 Forest Dr, Ste 2A Annapolis, MD 21401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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 2/10/06 410-268-7834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #