


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000048409</b>	
1. Entity Name MARGIN, LLC	

Principal Place of Business 601 N. MAGNOLIA AVE. SUITE 300 ORLANDO, FL 32801	Mailing Address 601 N. MAGNOLIA AVE. SUITE 300 ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**

03032008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 56-2418507	Applied For 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

MARQUES-GINTHER, LETICIA  
 601 N. MAGNOLIA AVE.  
 SUITE 300  
 ORLANDO, FL 32801

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUES-GINTHER, LETICIA 601 N. MAGNOLIA AVE., SUITE 300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINTHER, THOMAS A 601 N. MAGNOLIA AVE., SUITE 300 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000849558  
 03/21/08-80025-006 138.75

**DO NOT WRITE IN THIS SPACE**

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:       3/3/08      4076509191

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