


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90176 043 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L04000016041</b>                  |  |
| 1. Entity Name<br><b>MARLIN TRANSIT, L.L.C.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4690 LIPSCOMB STREET N.E., STE. #9<br/>PALM BAY, FL 32905</b> | Mailing Address<br><b>4690 LIPSCOMB STREET N.E., STE. #9<br/>PALM BAY, FL 32905</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

02112005 Chg-LLC CR2E083 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>74-3115018</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                                    |  |
| <b>MCGARRELL, THOMAS P ESQ<br/>5205 BABCOCK STREET N.E.<br/>PALM BAY, FL 32905</b> |  |

|  |             |
|--|-------------|
| 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, 2005**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                                |                                 |
|---|---------------------------------|
| TITLE<br><b>MGR</b>   | <input type="checkbox"/> Delete |
| NAME<br><b>SMITH, KEVIN A</b>                               |                                 |
| STREET ADDRESS<br><b>4690 LIPSCOMB STREET N.E., STE. #9</b> |                                 |
| CITY-ST-ZIP<br><b>PALM BAY, FL 32905</b>                    |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS  |                                 |
| CITY-ST-ZIP   |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS  |                                 |
| CITY-ST-ZIP   |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS  |                                 |
| CITY-ST-ZIP   |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS  |                                 |
| CITY-ST-ZIP   |                                 |

| 10. ADDITIONS/CHANGES |   |
|-----------------------|---|
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |

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 606, Florida Statutes.

SIGNATURE  PRES M6C 2-11-05 321-724-2940  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #