

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90034 049 ****50.00

DOCUMENT # L04000016041					
1. Entity Name MARLIN TRANSIT, L.L.C.					
Principal Place of Business 4690 LIPSCOMB STREET N.E., STE. #9 PALM BAY, FL 32905			Mailing Address 4690 LIPSCOMB STREET N.E., STE. #9 PALM BAY, FL 32905		
2. Principal Place of Business 1350 MALABAR ROAD S.E.		3. Mailing Address 1350 MALABAR ROAD S.E.			
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1			
City & State PALM BAY, FL		City & State PALM BAY, FL		4. FEI Number 74-3115018	
Zip 32907		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGARRELL, THOMAS P ESQ 5205 BABCOCK STREET N.E. PALM BAY, FL 32905			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 <u>Thomas P. McGarrell</u> 1/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEVIN A 4690 LIPSCOMB STREET N.E., STE. #9 PALM BAY, FL 32905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEVIN A. 1350 MALABAR ROAD S.E., STE. #1 PALM BAY, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEVIN A. 1350 MALABAR ROAD S.E., STE. #1 PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEVIN A. 1350 MALABAR ROAD S.E., STE. #1 PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEVIN A. 1350 MALABAR ROAD S.E., STE. #1 PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEVIN A. 1350 MALABAR ROAD S.E., STE. #1 PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KEVIN A. 1350 MALABAR ROAD S.E., STE. #1 PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Kevin A. Smith</u>			1-06-06 321 724 2940		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		