2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# L04000022596

Entity Name: MARALEX 2, LLC

Current Principal Place of Business:

1740 ALDERMAN ST APT 1
SARASOTA, FL 34236

New Principal Place of Business:

512 N ORANGE AVE
SARASOTA, FL 34236

Current Mailing Address:

1740 ALDERMAN ST APT 1
SARASOTA, FL 34236

New Mailing Address:

512 N ORANGE AVE
SARASOTA, FL 34236

FEI Number: 65-0910324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BIRKHOLD, CINDY
512 N ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TORPY, JOHN
Address: 1740 ALDERMAN ST APT 1
City-St-Zip: SARASOTA, FL 34236

Title: MRRM (X) Delete
Name: HELFENBEIN, MARILYN
Address: 1111 RITZ CARLTON
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HELFENBEIN, MARILYN
Address: 693 S OSPREY
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARILYN HELFENBEIN MGRM 08/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date