

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90036 003 ****50.00

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| DOCUMENT # L04000029716 | | | |  | |
| 1. Entity Name MARCOH HOLDINGS, L.L.C. | | | | | |
| Principal Place of Business 1063 N.W. 97TH AVENUE PLANTATION, FL 33322 | | | Mailing Address 1063 N.W. 97TH AVENUE PLANTATION, FL 33322 | | |
| 2. Principal Place of Business 387 NW Shoreview Dr | | 3. Mailing Address 387 NW Shoreview Dr | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Port St Lucie FL | | City & State Port St Lucie FL | | 4. FEI Number 20-1063370 | |
| Zip 34986 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEINBERG, STEVEN A ESQ FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name: Stuart H. Cohen Street Address (P.O. Box Number is Not Acceptable): 387 NW Shoreview Dr City: Port St Lucie FL Zip Code: 34986 | | |
| 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>Stuart H. Cohen</u> <i>Stuart H. Cohen</i> DATE: <u>4-22-05</u> <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, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PHM PROPERTIES, INC. 1063 N.W. 97TH AVENUE PLANTATION, FL 33322 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PHM Properties, Inc 387 NW Shoreview Dr Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Investors Lending, Inc. 387 NW Shoreview Dr Port St Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM INVESTORS LENDING, INC. 1063 N.W. 97TH AVENUE PLANTATION, FL 33322 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>Stuart H. Cohen</u> <i>Stuart H. Cohen</i> | | Date: <u>4-22-05</u> | | Daytime Phone #: <u>954-559-5625</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |