

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90040 040 ****55.00

DOCUMENT # L04000029716

1. Entity Name
MARCOH HOLDINGS, L.L.C.



Principal Place of Business
357 NW SHOREVIEW DR
PORT SAINT LUCIE, FL 34986

Mailing Address
357 NW SHOREVIEW DR
PORT SAINT LUCIE, FL 34986

40088761



2. Principal Place of Business
387 NW Shoreview Dr
Suite, Apt. #, etc.

3. Mailing Address
387 NW Shoreview Dr
Suite, Apt. #, etc.

04282006 Chg-LLC CR2E083 (11/05)

City & State
Port Saint Lucie
Zip 34986 Country

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Port Saint Lucie
Zip 34986 Country

4. FEI Number
20-1063370
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, STUART H
387 NW SHOREVIEW DR
PORT SAINT LUCIE, FL 34986

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 *Stuart H. Cohen* DATE 4/28/06
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHM PROPERTIES, INC. <input checked="" type="checkbox"/> Delete 387 NW SHOREVIEW DR PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INVESTORS LENDING, INC. <input checked="" type="checkbox"/> Delete 387 NW SHOREVIEW DR PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stuart H. Cohen 387 NW Shoreview Dr. Port Saint Lucie FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul H. Marineau 387 NW Shoreview Dr. Port Saint Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Stuart H. Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-06 954 555-5825
Date Daytime Phone #