
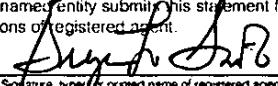
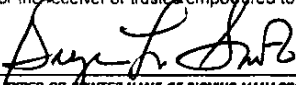


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 013 ****50.00

DOCUMENT # L04000040320 1. Entity Name MARBRY HOLDINGS, LLC					
Principal Place of Business 1826 PLUMBAGO LANE NAPLES, FL 34105			Mailing Address 1826 PLUMBAGO LANE NAPLES, FL 34105		
2. Principal Place of Business 3275 GREEN DOLPHIN LN Suite, Apt. #, etc.		3. Mailing Address 3275 GREEN DOLPHIN LN Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 56-2148213	
Zip 34102-7917		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34102-7917		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BRYAN L 1826 PLUMBAGO LANE NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3275 GREEN DOLPHIN LN City NAPLES		
FL Zip Code 34102-7917			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  BRYAN L. SMITH, MGR <small>Signature, type or printed name of registered agent and title if applicable.</small>			DATE 08/08/05 <small>(NOTE: Registered Agent signature required when resigning)</small>		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete NAME SMITH, BRYAN L STREET ADDRESS 1826 PLUMBAGO LANE CITY-ST-ZIP NAPLES, FL 34105			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3275 GREEN DOLPHIN LN STREET ADDRESS NAPLES, FL 34102-7917 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:  BRYAN L. SMITH, MGR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 08/08/05		
DAYTIME PHONE # (239) 434-6131			DAYTIME PHONE #		