2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000040320

1. Entity Name
MARBRY HOLDINGS, LLC



Principal Place of Business

2318 SILVER PALM PLACE NAPLES, FL 34105-3043 US Mailing Address

2318 SILVER PALM PLACE NAPLES, FL 34105-3043 US

FILED Apr 02, 2008 08:00 Al Secretary of State



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2148213 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

SMITH, BRYAN L 2318 SILVER PALM PLACE NAPLES, FL 34105-3043

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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. It the obligations of registered agent.	I am familiar with, and accept
	the congations of registered agent.	
-		

(NOTE: Registered Agent signature required when reinstating)

04/14/08-80047-007 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BRYAN L 2318 SILVER PALM PLACE NAPLES, FL 341053043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-
11. I hereby certify that the information supplied with this filing does not qualify	

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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 mustbe empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BRYAN L. SMITH, MAR

03/28/08

704-604-6487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #