## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000050342** 04-27-2005 90029 032 \*\*\*\*50.00 MARVEL REAL ESTATE LLC Principal Place of Business Mailing Address CIUDEDAL 8201 PETERS ROAD 8201 PETERS ROAD **SUITE 1000 SUITE 1000** PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-LLC CR2E083 (10/03) 4. FEJ Number City & State City & State Applied For 360-0091244 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City 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, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change **Addition** Delete TIBE. TITLE SCOTT ARENBERG 9331 NW 10TH ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLANTATION FL 33322 CITY-ST-ZIP ☐ Change Addition A ☐ Delete TITLE TITLE ELLEN ZIERER ARENBERG NAME NAME 9331 NW 1054 ST STREET ADDRESS STREET ADDRESS CITY-ST-7/P LANTATION FL 33322 CITY-ST-ZIP Delete Change TITLE TITLE Addition ELAYNE ARENOERG NAME NAME 6213 NWZISTET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete me ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Davtime Phone #