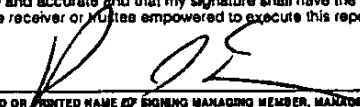


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-12-2005 90015 045 *****50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:06

DOCUMENT # L04000051392			
1. Entity Name MARKER 100, L.L.C.			
Principal Place of Business 100360 OVERSEAS HWY KEY LARGO, FL 33037		Mailing Address 100360 OVERSEAS HWY KEY LARGO, FL 33037	
2. Principal Place of Business 100210 Overseas Hwy.		3. Mailing Address 100210 Overseas Hwy.	
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3	
City & State Key Largo, FL		City & State Key Largo, FL	
Zip 33037	Country USA	Zip 33037	Country USA
4. FEI Number 07052005 Chg-LLC		CR2E083 (10/03)	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLISON, PAUL S JR 100360 OVERSEAS HWY KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name Paul S. Ellison, Jr. Street Address (P.O. Box Number is Not Acceptable) 100210 Overseas Highway Suite 3 City Key Largo FL Zip Code 33037	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM ELLISON HOLDING, LP 100360 OVERSEAS HWY 100210 KEY LARGO, FL 33037 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT ☐ Change ☐ Addition 2/16/05
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		Date 2/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date	