2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-12-2005 90015 045 ****50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
L04000051392
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DOCUMENT # L04000051392

1. Entity Name
MARKER 100, L.L.C.

Principal Place of Business	Mailing Address
100360 OVERSEAS HWY KEY LARGO, FL 33037	100360 OVERSEAS HWY KEY LARGO, FL 33037

07052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
100210 Overseas Hwy.		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 ☐ Applied For ☒ Not Applicable

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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~~ 100210 OVERSEAS HWY 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 2005 ☐ 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
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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: ______________________________ 7/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #