

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-11-2005 90031 031 ****50.00

DOCUMENT # L04000054594					
1. Entity Name MARLIN GATE, L.L.C.					
Principal Place of Business 12001 BLACKWATER ROAD SARASOTA, FL 34240			Mailing Address 12001 BLACKWATER ROAD SARASOTA, FL 34240		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1396506				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKOKOS, PETER Z 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: <u>MICHAEL B. BLAIE</u> Street Address (P.O. Box Number is Not Acceptable): <u>12001 BLACKWATER ROAD</u> City: <u>SARASOTA</u> FL Zip Code: <u>34240</u>		
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: <u>[Signature]</u> MICHAEL B. BLAIE DATE: <u>04/21/05</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLAIE, MICHAEL 12001 BLACKWATER ROAD SARASOTA, FL 34240		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	
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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: <u>[Signature]</u> MICHAEL B. BLAIE			Date: <u>04/21/05</u> Daytime Phone: <u>941 302-1372</u>		

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