
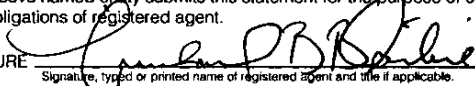
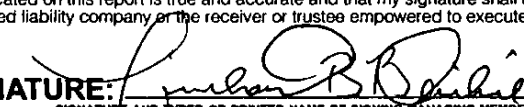


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90192 043 ****50.00

DOCUMENT # L04000054594 1. Entity Name MARLIN GATE, L.L.C.					
Principal Place of Business 12001 BACKWATER ROAD SARASOTA, FL 34240			Mailing Address 12001 BACKWATER ROAD SARASOTA, FL 34240		
2. Principal Place of Business 8213 BLAIE CT Suite, Apt. #, etc.		3. Mailing Address 8213 BLAIE CT Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 20-1396506	
Zip 34240		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAIE, MICHAEL B 12001 BACKWATER ROAD SARASOTA, FL 34240			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8213 BLAIE CT City SARASOTA FL Zip Code 34240		
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  MICHAEL B BLAIE 2/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			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 BACKWATER ROAD SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIE, MICHAEL 12001 BACKWATER ROAD SARASOTA, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIE, MICHAEL 12001 BACKWATER ROAD SARASOTA, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIE, MICHAEL 12001 BACKWATER ROAD SARASOTA, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIE, MICHAEL 12001 BACKWATER ROAD SARASOTA, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIE, MICHAEL 12001 BACKWATER ROAD SARASOTA, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  MICHAEL B BLAIE 2/6/06 941-377-4430 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					