


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000067767</b> 1. Entity Name <b>MARDEN ENTERPRISES, LLC</b>	
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Principal Place of Business <b>31049 RUBEN BARNES ROAD ZEPHYRHILLS, FL 33544</b>	Mailing Address <b>31049 RUBEN BARNES ROAD ZEPHYRHILLS, FL 33544</b>
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**DO NOT WRITE IN THIS SPACE**



03102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-1629382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000854493  
03/27/08-80009-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUTT, MARY F 31049 RUBEN BARNES ROAD ZEPHYRHILLS, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUTT, DENNIS 31049 RUBEN BARNES ROAD ZEPHYRHILLS, FL 33544
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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: Robert D. Nutt **Robert D Nutt** 3-14-08 (813)973-1118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #