


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90025 009 \*\*\*\*55.00

DOCUMENT # L04000071967					
1. Entity Name FLORA-MARLIN, LLC					
Principal Place of Business 4007 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652			Mailing Address 4007 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04112005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 27-9108957	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSTARD, JUDY M 1700 N. MCMULLEN BOOTH ROAD, SUITE D-1 CLEARWATER, FL 33759			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULLENS, NANCY J		NAME		
STREET ADDRESS	4007 FLORAMAR TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KYLE, DAVID G		NAME		
STREET ADDRESS	5347 QUIST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARANTINO, NANCY		NAME		
STREET ADDRESS	3759 FLORAMAR TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULLENS, ROBERT J		NAME		
STREET ADDRESS	4007 FLORAMAR TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KYLE, RITA L		NAME		
STREET ADDRESS	5347 QUIST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORRES, ROBERT		NAME		
STREET ADDRESS	4007 FLORAMAR TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
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: <i>Nancy J. Sullens</i> - NANCY J. Sullens			4/12/05		813-933-6561 x211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #