


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000091826</b> 1. Entity Name <b>MARSHALL PROPERTIES, LLC</b>	
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Principal Place of Business <b>3214 MAGNOLIA ISLANDS BLVD. PANAMA CITY BEACH, FL 32408</b>	Mailing Address <b>3214 MAGNOLIA ISLANDS BLVD. PANAMA CITY BEACH, FL 32408</b>
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>68-0599884</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**MARSHALL, ANDREW J JR.  
3214 MAGNOLIA ISLANDS BLVD.  
PANAMA CITY BEACH, FL 32408**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, WILLIAM J 3449 MARCUS POINTE DRIVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, SCOTT P 6433 NW 42ND LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, ANDREW J JR 3214 MAGNOLIA ISLANDS BLVD PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/10/07-80029-019 50.00

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:** *Andrew J Marshall* **4-25-07** **850-230-6839**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #