

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091826

Entity Name: MARSHALL PROPERTIES, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

3214 MAGNOLIA ISLANDS BLVD.
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

3214 MAGNOLIA ISLANDS BLVD.
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 68-0599884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARSHALL, WILLIAM J
Address: 3449 MARCUS POINTE DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM () Delete
Name: MARSHALL, SCOTT P
Address: 6433 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: MARSHALL, ANDREW J JR
Address: 3214 MAGNOLIA ISLANDS BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 JR

MGRM

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date