

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011155

Entity Name: MARSH/LYNN, LLC

FILED  
May 04, 2007  
Secretary of State

**Current Principal Place of Business:**

3401 BONITA BEACH ROAD  
UNIT 105  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

10710 ANKENY LANE  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 20-2302035      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MASINO, PATRICIA L  
10710 ANKENY LN  
BONITA SPRINGS, FL 34135 US

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: MASINO, PHILIP  
Address: 10710 ANKENY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM ( ) Delete  
Name: MASINO, PATRICIA  
Address: 10710 ANKENY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

**ADDITIONS/CHANGES:**

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: PATRICIA MASINO

MGRM

05/04/2007

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