

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026841

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: MARBILL, L.L.C.

**Current Principal Place of Business:**

5900 TARPON GARDENS CIRCLE, UNIT 101  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5900 TARPON GARDENS CIRCLE, UNIT 101  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

COTTER, RICHARD T  
11050 SUMMERLIN SQUARE DRIVE  
FT. MYERS BEACH, FL 33931 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: MGR ( ) Delete  
Name: RAY, WILLIAM D  
Address: 5900 TARPON GARDENS CIRCLE, UNIT 101  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGM ( ) Change (X) Addition  
Name: RAY, MARY J  
Address: 5900 TARPON GARDEN CIRCLE UNIT 101  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM D RAY

MGR

07/06/2006

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