2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM

DOCUMENT # L05000038508 1. Entity Name MARSHVIEW, L.L.C.				Secretary of State		
Principal Place 2801 SE 1ST SUITE 101 OCALA, FL 3	AVENUE	Mailing Address 2801 SE 1ST AVENUE SUITE 101 OCALA, FL 34471		. (************************************		
DO NOT WRITE IN THIS SPAC			CE	01172007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent at thing Fee is \$50.00 ue by May 1, 2007		red office or registe		Florida. I am familiar with, and accept	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR DELCHARCO, MANUEL F JR 2801 SE 1ST AVENUE, SUITE 10 OCALA, FL 34471				00617106 7-80058-025 50.00	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MAMAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #