

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000038623

1. Entity Name
AF MARLIN DEVELOPMENT LLC



Principal Place of Business
43309 US HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

Mailing Address
P.O. BOX 1608
TARPON SPRINGS, FL 34688



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3095046

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, LEW
43309 US HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000589654
01/18/07-80024-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FRIEDLAND, LEW
STREET ADDRESS P.O. BOX 1608
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE MGR
NAME ALDRIDGE, DANIEL E
STREET ADDRESS P.O. BOX 1608
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

LEW FRIEDLAND

1-11-07

727-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #