


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3/

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90025 029 \*\*\*\*55.00

<b>DOCUMENT # L05000039814</b>					
1. Entity Name MARA HOLDINGS, LLC					
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2990923</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LAMONT NEIMAN INTERIAN & BELLET, P.A. ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Member/Manager <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	McGuirk, James	NAME			
STREET ADDRESS	201 Alhambra Circle, Suite 711	STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP			
TITLE	Manager <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Andrew McGuirk	NAME			
STREET ADDRESS	310 Elanore Avenue	STREET ADDRESS			
CITY-ST-ZIP	New Smyrna Bch, FL 32168	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>J. M. McGuirk - Manager</i>				386-451-4570	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>	