

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 21, 2008  
Secretary of State**

DOCUMENT# L05000039814

Entity Name: MARA HOLDINGS, LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES, FL 33134

**New Mailing Address:**

MARA HOLDINGS, LLC.  
PO BOX 629  
NEW SMYRNA BEACH, FL 32170

FEI Number: 20-2990923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
ONE BISCAYNE TOWER, 3550  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 US

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

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: MCGUIRK, JAMES  
Address: 201 ALHAMBRA CIR, STE 711  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: MCGUIRK, ANDREW  
Address: 310 ELEANOR AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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: ANDREW MCGUIRK

MGR

04/21/2008

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