2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90028 046 ****50.00

DOCUMENT # L05000042399

1. Entity Name
THE MARPLAKE ENTERPRISES, LLC

Principal Place of Business	Mailing Address
7528 ARLINGTON EXPWY #419 JACKSONVILLE, FL 32211	7528 ARLINGTON EXPWY #419 JACKSONVILLE, FL 32211

600350

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
14830 Edwards Creek Rd.	6999-02 Merrill Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 313
City & State Jacksonville, FL	City & State Jacksonville FL.
Zip 32226 Country Duval	Zip 32277 Country DUVAL

4. FEI Number
20-2576177
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JEFF
7528 ARLINGTON EXPWY #419
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTIN, JEFF 7528 ARLINGTON EXPWY #419 JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTIN JEFF 14830 Edwards Creek Rd. Jacksonville, FL 32226	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARTIN, KATHERINE 7528 ARLINGTON EXPWY #419 JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARTIN, KATHERINE 14830 Edwards Creek Rd. Jacksonville, FL 32226	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PLAKIAS, TERRENCE C 3212 WATER LILY CT LAUREL, MD 20724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: _____ 28 APRIL 2006 (904)696-3140
SIGNATURE AND PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #