2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90211 048 ****50.00

DOCUMENT # L05000047712

1. Entity Name
MARBLES ENTERPRISES, LLC

Principal Place of Business	Mailing Address
~~250 N. HIBISCUS DRIVE~~ MIAMI BEACH, FL 33139	~~250 N. HIBISCUS DRIVE~~ MIAMI BEACH, FL 33139

04042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1415 Sunset Harbour Dr.		1415 Sunset Harbour Dr.	
Suite, Apt. #, etc.: #103		Suite, Apt. #, etc.: #103	
City & State: Miami Beach, FL		City & State: Miami Beach, FL.	
Zip: 33139	Country: USA	Zip: 33139	Country:

4. FEI Number: 20-4632448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIRMELLI, DEIRDRE ~~250 N. HIBISCUS DRIVE~~ MIAMI BEACH, FL 33139	Name: Street Address (P.O. Box Number is Not Acceptable): 1415 Sunset Harbour Dr. #103 City: Miami Beach FL Zip Code: 33139

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: [signature] DATE: 4-4-06
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	MGEM BAY HARBOUR DEVELOPMENT, LLC ~~250 N. HIBISCUS DRIVE~~ MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1415 Sunset Halbour Dr #103 Miami Beach, FL 33139
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
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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 608, Florida Statutes.

SIGNATURE: [signature] Date: 4-4-06 Daytime Phone #: 305-673-3369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE