


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90074 042 ***138.75

DOCUMENT # L05000047712					
1. Entity Name MARBLES ENTERPRISES, LLC					
Principal Place of Business 1415 SUNSET HARBOUR DR SUITE 103 MIAMI BEACH, FL 33139			Mailing Address 1415 SUNSET HARBOUR DR SUITE 103 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4632448	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MIRMELLI, DEIRDRE 1415 SUNSET HARBOUR DR SUITE 103 MIAMI BEACH, FL 33139			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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 <input checked="" type="checkbox"/> Delete 1415 SUNSET HARBOUR DR SUITE 103 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEIRDRE MIRMELLI 1415 SUNSET HARBOUR DR. APT. 103 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Deirdre Mirmelli (MM)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Feb 14 th 08 (805) 336-3335 <small>Date of Filing Daytime Phone #</small>		