

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 049 \*\*\*\*50.00

**DOCUMENT # L05000054598**

1. Entity Name  
**BLUE MARLIN ASSOCIATES, LLC**



Principal Place of Business  
**1799 N. 9TH STREET  
LAFAYETTE, IN 47904**

Mailing Address  
**1799 N. 9TH STREET  
LAFAYETTE, IN 47904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3200263**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**MGRM  
HOOD, DAVID W  
8281 KRONLOKKEN LANE  
LAFAYETTE, IN 47909** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ALBREGTS, SHANE F  
8281 KRONLOKKEN LANE  
LAFAYETTE, IN 47909** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BROWN, DOUGLAS G  
6600 E. 300 NORTH  
LAFAYETTE, IN 47905** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Douglas G Brown*

4-24-06

(765) 742-0146

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

COPY ATTACHMENT

DOCUMENT # L05000054598

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LAFAYETTE, IN 47904

Mailing Address  
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LAFAYETTE, IN 47904

20031602



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Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212006 Chg-LLC CR2E083 (11/05)

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOD, DAVID W 8281 KRONLOKKEN LANE LAFAYETTE, IN 47909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBREGTS, SHANE F 8281 KRONLOKKEN LANE LAFAYETTE, IN 47909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, DOUGLAS G 6600 E. 300 NORTH LAFAYETTE, IN 47905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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SIGNATURE:

*Douglas Brown*

4-24-06

(765) 742-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



ATTACHMENT

20036602

April 24, 2006

WILLIAM K. BENNETT  
(1919-1998)

RICHARD A. BOEHNING

BRENT E. CLARY

ROGER WM. BENNETT

JAMES A. GOTHARD

ANDREW S. GUTWEIN

STUART P. BOEHNING

JASON W. BENNETT

CARA C. PUTMAN

KYLE B. MANDEVILLE

STUART R. GUTWEIN

\* of counsel

Division of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

RE: **Blue Marlin Associates, LLC**  
**Document Number: L05000054598**  
**My File No. 12242.1**

To Whom It May Concern:

Enclosed please find the 2006 Limited Liability Company Annual Report for Blue Marlin Associates, LLC together with a filing fee check in the sum of \$50.00.

I am enclosing an extra photocopy of the Report and a self-address stamped envelope for return of the filing fee receipt.

If you have any questions, please call me.

Sincerely,

BENNETT BOEHNING & CLARY

Andrew S. Gutwein

ASG:jam  
Enclosures

MAILING ADDRESS

P.O. BOX 469  
LAFAYETTE, INDIANA 47902-0469

LAW OFFICE

COLUMBIA CENTER  
415 COLUMBIA STREET  
SUITE 1000  
LAFAYETTE, INDIANA 47901  
TEL: 765-742-9066  
FAX: 765-742-7641