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FILED

ANNUAL REPORT				Jan 31, 2007 08:00 A Secretary of State	
	OCUMEN! # L05000056527 Entity Name				
1. Entity Nam MARK G	Entity Name IARK GARRETT, LLC				
5 NORTH FE	ne of Business DERAL HIGHWAY H, FL 33004	Mailing Address 5 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004			
				4 (4 10 10 10 10 10 10 10 10 10 10 10 10 10	
DO NOT WRITE IN THIS SPACE			CE.	01232007 No Chg-LLC CR2E083 (11/05)	
			CE	4. FEI Number Applied For 20-3260160 Not Applied	
				5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	
GARRETT, MARK 5 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004				DO NOT WRITE IN THIS SPACE	
	e named entity submits this statement for tions of registered agent. Sgnature, typed or printed name of registered agent.	···	red office or register - ed Agent signature requires	red agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida.	
Filing Fee is \$50.00 Due by May 1, 2007				U00000612405 02/02/07-80105-011 50.00	
9.	MANAGING MEMBI	ER\$/MANAGERS	1		
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	MR GARRETT, MARK 5 NORTH FEDERAL HIGHWAY DANIE, FL 33004			DO NOT WRITE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			IN THIS SPACE		
NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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 dustee empayared to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #