

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90025 039 \*\*\*\*50.00

|  |  |                                 |  |  |  |
|--|--|---------------------------------|--|--|--|
| <b>DOCUMENT # L05000076615</b><br>1. Entity Name<br><b>BLUE MARLIN HOLDINGS, LLC</b>   |  |                                 |  |  |  |
| Principal Place of Business<br><b>6186 WINDING LAKE DR<br/>JUPITER, FL 33458</b>   |  |                                 | Mailing Address<br><b>6186 WINDING LAKE DR<br/>JUPITER, FL 33458</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                            |  |  |
| City & State   |  |                                 | City & State   |  |  |
| Zip  |  | Country                         |  | Zip  |  |
| Country  |  | Country                         |  | 4. FEI Number <b>55-0902286</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>Not Applicable       </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |                                 |  | 01262006 Chg-LLC CR2E083 (11/05)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COX, SCOTT<br/>6186 WINDING LAKE DR<br/>JUPITER, FL 33458</b>  |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____  |  |                                 |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                                 |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>FRENCH, SHARON<br>6186 WINDING LAKE DR<br>JUPITER, FL 33458  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM - MANAGING MEMBER<br>SCOTT COX<br>6186 WINDING LAKE DR.<br>JUPITER, FL 33458  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ASTROVE, ANDREW<br>6186 WINDING LAKE DR<br>JUPITER, FL 33458 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM<br>CARRIE COX<br>6186 WINDING LAKE DR.<br>JUPITER, FL 33458   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ASTROVE, ELLEN<br>6186 WINDING LAKE DR<br>JUPITER, FL 33458  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM<br>JIM MCCORMICK<br>103 S. US HWY1, E1<br>JUPITER, FL 33458   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DON LONG<br>103 S. US HWY1, E1<br>JUPITER, FL 33458          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM<br>DON LONG<br>103 S. US HWY1, E1<br>JUPITER, FL 33458  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM<br>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM<br>   |  |
| 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. |  |                                 |  |  |  |
| <b>SIGNATURE:</b> _____  |  |                                 | 1/24/06<br>Date  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                 | Daytime Phone #  |  |  |