2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 21, 2006 8:00 am **Secretary of State DOCUMENT #L05000078107** 1. Entity Name 07-21-2006 90082 012 ****55.00 MARBREN HOLDINGS LLC Principal Place of Business Mailing Address 777 MIDDLE RIVER DRIVE 777 MIDDLE RIVER DRIVE 20049789 FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102 City 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 egistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change TITLE ☐ Detete ☐ Addition HODGES, MARK C NAME NAME 777 MIDDLE RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition HODGES, BRENDA M NAME NAME STREET ADDRESS STREET ADDRESS 777 MIDDLE RIVER DRIVE CITY-ST-ZIP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

7-17-06 Date

Davtime Phone