2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED **DOCUMENT # L05000082089** 1. Entity Name 08 JAN 17 AN 10: 21 MAR DEVELOPMENT GROUP, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address C/O MICHAEL ROSENBAUM C/O MICHAEL ROSENBAUM 1413 SUNSET HARBOUR DRIVE, UNIT #114 1413 SUNSET HARBOUR DRIVE, UNIT #114 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address Alstrict 155 Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number <u>whi</u> 20-3340564 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired AUU <u>WE</u>E Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBAUM, MICHAEL J 1413 SUNSET HARBOUR DRIVE, UNIT #114 Number is Not Acceptab eseb/0340 MIAMI BEACH, FL 33139 Zip Code 33\40 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 ogistered agent SIGNATURE registered egen, and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR **Change** TITLE TITLE ☐ Addition **X** Detete ROSENBAUM, MICHAEL J NAME NAME STREET ADDRESS 1413 SUNSET HARBOUR DRIVE, UNIT #114 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete 800115337명원뿐 ^{□ 세} 01/17/08--01001--013 **3663.75 TITLE TITLE 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-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. limited liability company or the receiver or trustee or SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGN TO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE