2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000103419

1. Entity Name
MARLYN D. FELSING, LLC

Principal Place of Business	Mailing Address
1926 BENHURST PLACE MAITLAND, FL 32751	1926 BENHURST PLACE MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

02132007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-4291542	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FELSING, MARLYN D
1926 BENHURST PLACE
MAITLAND, FL 32751

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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, 2007

U00000637317
02/26/07-80055-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FELSING, MARLYN D
STREET ADDRESS	1926 BENHURST PLACE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Marly D Felsing_   2/13/07   407-869-400?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #