

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104874

Entity Name: MARKER ONE, LLC

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

3925 MOORES LAKE ROAD
DOVER, FL 33527

New Principal Place of Business:

6302 COCOA LANE
APOLLO BEACH, FL 33572

Current Mailing Address:

3925 MOORES LAKE ROAD
DOVER, FL 33527

New Mailing Address:

6302 COCOA LANE
APOLLO BEACH, FL 33572

FEI Number: 20-3719310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISTON, ANA
3925 MOORES LAKE ROAD
DOVER, FL 33527 US

Name and Address of New Registered Agent:

ALLISTON, ANA
6302 COCOA LANE
APOLLO BEACH, FL 33572 US

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.

SIGNATURE:

02/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLISTON, ANA I
Address: 5517 VAN DYKE RD.
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: SEGREST, VIRGIL E JR.
Address: 5517 VAN DYKE RD.
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLISTON, ANA I
Address: 6302 COCOA LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM (X) Change () Addition
Name: SEGREST, VIRGIL E JR.
Address: 6306 COCOA LANE
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANA ALLISTON

MGR

02/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date