2007 LIMITED LIABILITY COMPANY

Apr 13, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-13-2007 90035 045 ****50.00 **DOCUMENT # L05000107461** MARÍON PROPERTIES & INVESTMENTS, LLC **64033844** Principal Place of Business Mailing Address 1834 S.W. 1ST AVENUE 1834 S.W. 1ST AVENUE OCALA, FL 34474 OCALA, FL 34474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOHLI, NAGESH Street Address (P.O. Box Number is Not Acceptable) 1834 S.W. 1ST AVENUE OCALA, FL 34474 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, 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 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM MGAN Addition ☐ Delete TITLE ☐ Change OKOH, Anth KOHLI, NAGESH NAME NAME **1834 S.W. 1ST AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE etheeswaran BAPATLA, AMRUTH \$ NAME NAME 2710 SE 3rd Court STREET ADDRESS 6041 S.W. 73RD STREET ROAD STREET ADDRESS CITY-ST-ZIP OCALA, FL 34476 CITY_ST_7IP MGRM ☐ Addition TITLE ☐ Delete TITLE ☐ Change ROHATGI, RAKESH NAME NAME STREET ADDRESS 321 S.E. 29TH PLACE, SUITE 102 STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP TITLE MGRM ☐ Detete TITLE ☐ Change Addition NAME HUQ, NASIN NAME STREET ADDRESS 3200 S.W. 34TH AVE. STREET ADDRESS OCALA, FL 33474 CITY-ST-ZIP CITY-ST-ZIP **MGRM** ☐ Delete Change ☐ Addition TITLE TITLE PATEL, SANJAY NAME NAME 310 S.E. 29TH PLACE, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP OCALA, FL 34471 CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Addition MGRM MITRA NAME NAME Purushottan Mitra 1834 S.W. 1ST AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP 1834 SW 131 Ave Ocala

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Daytime Phone #