


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000107461 1. Entity Name MARION PROPERTIES & INVESTMENTS, LLC	
--	---

Principal Place of Business 1834 S.W. 1ST AVENUE OCALA, FL 34474	Mailing Address 1834 S.W. 1ST AVENUE OCALA, FL 34474
--	--



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOHLI, NAGESH 1834 S.W. 1ST AVENUE OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000789587
01/22/08-80032-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHLI, NAGESH 1834 S.W. 1ST AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAPATLA, AMRUTH S 6041 S.W. 73RD STREET ROAD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROHATGI, RAKESH 321 S.E. 29TH PLACE, SUITE 102 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUQ, NASIN 3200 S.W. 34TH AVE. OCALA, FL 33474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SANJAY 310 S.E. 29TH PLACE, SUITE 100 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PURUSHOTTAM, MITRA 1834 S.W. 1ST AVE. OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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

Date 1/15/08 Daytime Phone # _____