


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90026 029 \*\*\*\*50.00

<b>DOCUMENT # L05000115156</b> 1. Entity Name <b>MARX ENTERPRISES LLC</b>					
Principal Place of Business <b>21224 BASSETT AVENUE</b> <b>PORT CHARLOTTE, FL 33952 US</b>			Mailing Address <b>21224 BASSETT AVENUE</b> <b>PORT CHARLOTTE, FL 33952 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3867051</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARX, BARTON E</b> <b>21224 BASSETT AVENUE</b> <b>PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name <b>DAWN M. MARX</b> Street Address (P.O. Box Number is Not Acceptable) <b>21224 Bassett Ave</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33952</b>	
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 <u><i>Dawn M. Marx</i></u> <b>DAWN M. Marx</b> <u>4-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARX, BARTON E 21224 BASSETT AVENUE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Dawn M. Marx</i></u> <b>DAWN M. Marx</b>				<u>4-10-07</u> <u>941-815-7291</u> <small>Date Daytime Phone #</small>	