

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90122 027 ****55.00

DOCUMENT # L06000004885

1. Entity Name

MARGO MARLOW MASTERPIECE, LLC



Principal Place of Business

Mailing Address

P. O. BOX 111086
NAPLES FL 34108

P. O. BOX 111086
NAPLES FL 34108

2. Principal Place of Business - No P.O. Box #

620 Wiggins Bay Dr.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34110

Country

Collier

Zip

34110

Country

Collier

4. FEI Number

490501858

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARLOW, MARGO
620 WIGGINS BAY DRIVE
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

MARGO MARLOW

Street Address (P.O. Box Number is Not Acceptable)

620 Wiggins Bay Dr.

City

Naples

FL

Zip Code

34110

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

Margo Marlow

(NOTE: Registered Agent signature required when reinstating)

MARGO MARLOW 03-20-07

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MARLOW, MARGO
STREET ADDRESS P. O. BOX 111086
CITY-ST-ZIP NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Margo Marlow

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

02-01-07 239.598.9441

Date

Daytime Phone #