


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000008242 1. Entity Name MARQUEZ TAMPA PROPERTIES, LLC	
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Principal Place of Business 2627 WEST 77 PLACE HIALEAH, FL 33016 US	Mailing Address 2627 WEST 77 PLACE HIALEAH, FL 33016 US
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DO NOT WRITE IN THIS SPACE



04212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4558605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENIGNO MARQUEZ
2627 W 77 PLACE
HIALEAH, FL 33016**

**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)

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

00000092824
05/21/08-BU078-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARQUEZ, MARITZA 2627 WEST 77 PLACE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARQUEZ, BRAYNERT 2627 W 77 PLACE HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **BRAYNERT MARQUEZ** **4-24-08 3058241330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #