


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 020 ****50.00

DOCUMENT # L06000018085			
1. Entity Name MAR-COL INVESTMENTS, LLC.			
Principal Place of Business 38246 NORTH AVENUE ZEPHYRHILLS, FL 33640		Mailing Address PO BOX 457 ZEPHYRHILLS, FL 33539	
2. Principal Place of Business - No P.O. Box # 4009 Leury Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Wesley Chapel, FL		City & State	
Zip 33541		Country	
Country FL		Country	
4. FEI Number 20-4335886		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 MARVIN, JOHNSON L CEO 38246 NORTH AVENUE ZEPHYRHILLS, FL 33640		7. Name and Address of New Registered Agent	
Name MARVIN, JOHNSON L 38246 NORTH AVENUE ZEPHYRHILLS, FL 33640		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City Wesley Chapel, FL 33541		City	
State FL		State FL	
Zip Code		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, the registered agent.			
SIGNATURE Marvin L. Johnson		DATE 8-25-07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE CEO	NAME MARVIN, JOHNSON L STREET ADDRESS PO BOX 457 CITY - ST - ZIP ZEPHYRHILLS, FL 33539	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE CFO	NAME COLLEEN, JOHNSON M STREET ADDRESS PO BOX 457 CITY - ST - ZIP ZEPHYRHILLS, FL 33530	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Delete		<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.			
SIGNATURE: Marvin L. Johnson		DATE: 8/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 813-469-5981	

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