
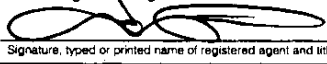



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90032 001 \*\*\*\*50.00

<b>DOCUMENT # L06000023334</b> 1. Entity Name <b>BLUE MARLIN MANAGEMENT, LLC</b>					
Principal Place of Business <b>6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240</b>			Mailing Address <b>6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240</b>		
2. Principal Place of Business - No P.O. Box # <b>3940 RED ROCK WAY</b>		3. Mailing Address <b>P.O. Box 19109</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>20-4404883</b>	
Zip <b>34231</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>34276</b>		Country <b>USA</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>SMITH, BARRY D 8451 SAILING LOOP BRADENTON, FL 34202</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Todd Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>3940 RED ROCK WAY</b> City <b>SARASOTA</b> <b>FL</b> <b>34231</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  <b>Operating mgr</b> <b>1-31-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TODD SMITH LIVING TRUST 3940 RED ROCK WAY SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH, BARRY D 8451 SAILING LOOP BRADENTON, FL 34202</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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>  <b>Todd Smith, Operating mgr</b> <b>1-31-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <b>1-31-07</b> Daytime Phone # <b>941 951-6555</b>					