


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90052 004 \*\*\*\*50.00

<b>DOCUMENT # L06000033345</b>				
1. Entity Name <b>MARLOWE HOLDINGS, LLC</b>				
Principal Place of Business <b>12 REYNOLDS LANE KINGSTON, GA 30145</b>		Mailing Address <b>12 REYNOLDS LANE KINGSTON, GA 30145</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>BRANT, BARRY 200 SOUTH BISCAYNE BLVD. SIXTH FLOOR MIAMI, FL 33131</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				<b>FL</b> 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 registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>Jeffrey R. Brant</u> JEFFREY R. BRANT</b>		<b>3/26/07</b>	<b>770-382-3598</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>	



01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0256376** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required