

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90043 039 ****50.00

DOCUMENT # L06000053794 1. Entity Name MARLIN GROUP INVESTMENTS, LLC																																																										
Principal Place of Business 11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408		Mailing Address 11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408																																																								
2. Principal Place of Business - No P.O. Box # 625 N. Flagler Dr.		3. Mailing Address 625 N. Flagler Dr.																																																								
Suite, Apt. #, etc. 9th Floor		Suite, Apt. #, etc. 9th Floor																																																								
City & State West Palm Bch, FL		City & State West Palm Bch, FL																																																								
Zip 33401		Zip 33401																																																								
Country Palm Bch		Country Palm Bch																																																								
4. FEI Number 04252007		Chg-LLC CR2E083 (12/06)																																																								
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																																								
6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable) Moyle, Flanigan et al. 625 N. Flagler Dr., 9th Floor City West Palm Bch FL Zip Code 33401																																																								
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  Robert C. Hackney DATE 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																										
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																								
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGR</td> <td>Robert C. Hackney</td> <td>625 N. Flagler Dr 9th Floor</td> <td></td> </tr> <tr> <td></td> <td></td> <td>West Palm Bch FL</td> <td>33401</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGR	Robert C. Hackney	625 N. Flagler Dr 9th Floor				West Palm Bch FL	33401		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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:  Robert C. Hackney DATE 4/25/07 Daytime Phone # 561 776 8600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																										