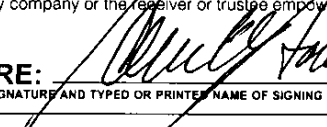


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90043 038 \*\*\*\*50.00

<b>DOCUMENT # L06000053795</b> 1. Entity Name <b>MARLIN GROUP MANAGEMENT, LLC</b>																																																																				
Principal Place of Business <b>11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, 33408</b>			Mailing Address <b>11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, 33408</b>																																																																	
2. Principal Place of Business - No P.O. Box # <b>625 N. Flagler Dr</b> Suite, Apt. #, etc. <b>9th Floor</b>		3. Mailing Address <b>625 N. Flagler Dr.</b> Suite, Apt. #, etc. <b>9th Floor</b>																																																																		
City & State <b>West Palm Bch FL</b>		City & State <b>West Palm Bch, FL</b>																																																																		
Zip <b>33401</b>		Country <b>Palm Bch</b>		Zip <b>33401</b>																																																																
Country <b>Palm Bch</b>		Country <b>Palm Bch</b>																																																																		
6. Name and Address of Current Registered Agent  <b>HACKNEY, ROBERT C 11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent Name <b>Robert C. Hackney, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Moyle, Flanigan et al.</b> <b>625 N. Flagler Dr - 9th Floor</b> City & State <b>West Palm Bch FL</b> Zip Code <b>33401</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>Robert C. Hackney</b> DATE <b>4/25/07</b> <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;">Delete</td> </tr> <tr> <td></td> <td><b>MR</b></td> <td><b>Robert C. Hackney</b></td> <td><b>625 N. Flagler Dr - 9th Floor</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>West Palm Bch FL</b></td> <td><b>33401</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<b>MR</b>	<b>Robert C. Hackney</b>	<b>625 N. Flagler Dr - 9th Floor</b>				<b>West Palm Bch FL</b>	<b>33401</b>		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;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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:  <b>Robert C. Hackney</b> DATE <b>4/25/07</b> 561-776-8600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																				