

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053795

FILED
Apr 28, 2008
Secretary of State

Entity Name: MARLIN GROUP MANAGEMENT, LLC

Current Principal Place of Business:

625 N. FLAGLER DR
9TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1080 E INDIANTOWN RD
SUITE 201
JUPITER, FL 33477

Current Mailing Address:

625 N. FLAGLER DR
9TH FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

1080 E INDIANTOWN RD
SUITE 201
JUPITER, FL 33477

FEI Number: 20-5292776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKNEY ESQ, ROBERT C
MOYLE, FLANIGAN ET AL.
625 N. FLAGLER DR. 9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HACKNEY, ROBERT C
Address: 625 N. FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORE, EDWARD F
Address: 1080 E INDIANTOWN RD SUITE 201
City-St-Zip: JUPITER, FL 33477

Title: MGR () Change (X) Addition
Name: MOORE, DANIEL J
Address: 1080 E INDIANTOWN RD
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL JOSEPH MOORE

MGR

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date