

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/10/2007 90102-029 \$50.00 \$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:57

DOCUMENT # L06000061015 1. Entity Name MARLIN HOLDINGS '94, LLC					
Principal Place of Business 112 CONNECTICUT DRIVE BURLINGTON, NJ 08016			Mailing Address 112 CONNECTICUT DRIVE BURLINGTON, NJ 08016		
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	4. FEI Number Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				07192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MUNROE, W. BRADLEY ESQ. 239 EAST VIRGINIA STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, GEORGE M 112 CONNECTICUT DRIVE BURLINGTON, NJ 08016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE _____ DATE _____					

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