## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # L06000081690  1. Entity Name JT MARLIN, LLC					03-31-2008	3 90270 028 ***13	38.75	
Dringistat Dinor	a of Business	Mailing Address			-			
Principal Place of Business Mailing Address 6494 ROYAL WOODS DRIVE #8 6494 ROYAL WOODS DRIVE			DIVIC #0					
FORT MYERS		FORT MYERS, FL 33908		}	0001	O-A & H		
TOKT WITEKS	,12 33300	TORT WITCHS, TE 3330	o .		6001	844 <i>1</i>		
					<b>[1]</b>    <b>[1</b>     <b>[1]</b>    <b>[1</b>     <b>[</b>     <b>[</b>           <b>[</b>			
Principal Place of Business - No P.O. Box #     3. Mailing Address							\$11 III I\$11	
<u> </u>				1 18811811		<b>                                    </b>	B-B1 (41 (15 B)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172008	Chg-LLC	CR2E083 (12/06)		
					Crig-LLC	C1222003 (12700)		
City & State		City & State		4. FEI Numt		Ap	plied For	
				65-128	65-1288322 Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired			
				<u>.                                      </u>		ree Require	d	
·- <u>-</u> ~	~ ∞6. Name and Address of Current	Registered Agent -		- 7. Name an	d Address of New F	Registered Agent		
Nan								
ZAMORSKI, BRIAN E				et Address (P.O. Box Number is Not Acceptable)				
	AL WOODS DRIVE #8		300007	Street Address (F.O. Box Number is Not Acceptable)				
FORT MYERS, FL 33908								
			City			FL Zip Code	9	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office o	registered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept	
	tions of registered agent.							
SIGNATURE .						DATE		
-	Signature, typed or printed name of registered agent	and title if applicable. (NO)E	: Hegistered Agent signat	ure required when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						te check payable to a Department of State	•	
9.					ADDITIONS	/CHANGES		
	MANAGING MEMBE	RS/MANAGERS	10		ADDITION			
TITLE		RS/MANAGERS	10.				□ Addition	
TITLE	MGRM	RS/MANAGERS Delete	TITLE			Change	☐ Addition	
NAME	MGRM ZAMORSKI, BRIAN E	☐ Delete	TITLE NAME				☐ Addition	
NAME STREET ADDRESS	MGRM ZAMORSKI, BRIAN E 6494 ROYAL WOODS DRIVE #8	☐ Delete	TITLE NAME STREET ADORESS				☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAMORSKI, BRIAN E 6494 ROYAL WOODS DRIVE #4 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ( 2 a)		☐ Change		
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11. The ledy certify that the information supplies will this limit does not quality for the exemptions contained in Chapter 119, Profit a Statutes. First her 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: Bill & James Signing Managing Member, Manager, or authorized representative

3/24/08

Date

(239) 770-6208

Daytime Phone #