



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000083967</b> 1. Entity Name <b>MARSHALL INVESTMENT PROPERTIES LLC</b>			<b>FILED</b>  07 JAN -4 PH 3:17  SECRETARY OF STATE TALLAHASSEE, FLORIDA 01/05/07--01001--004 **200.00 
Principal Place of Business 9075 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433		Mailing Address 9075 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433	
2. Principal Place of Business - No P.O. Box # 9091 A State Highway 83 N Suite, Apt. #, etc. Suite A City & State DeFuniak Springs FL Zip 32433	3. Mailing Address 9091 State Highway 83 N Suite, Apt. #, etc. Suite A City & State DeFuniak Springs FL Zip 32433	01042007 Chg-LLC CR2E083 (12/06)  4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KIEFER, BRYAN ESQ. 1101 GULF BREEZE PARKWAY #207 GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name <u>Stephanie Moran Carroll</u> Street Address (P.O. Box Number is Not Acceptable) <u>9047 State Hwy 83 N</u> <u>DeFuniak Springs FL</u> City <u>FL 32433</u>	
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 this statement. SIGNATURE <u>Stephanie Moran Carroll</u> <span style="float: right;">1-4-2007</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, MARSHALL 5096 DAVIS ROAD FLORALA, AL 36442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, GREGORY 9091 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, RAY 9075 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARROLL, STEPHANIE 9047 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u>Stephanie Moran Carroll</u> <span style="float: right;">1-4-2007</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		850-830-1014 <small>Date Daytime Phone #</small>	