## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000083967				FILED		
MARSHALL INVESTMENT PROPERTIES LLC			07 JAN -4 PH 3			
Principal Plac	re of Business	Mailing Address	OO WE IT	-		
9075 STATE	E HIGHWAY 83	9075 STATE HIGHWAY 83		TALLAHASSEL-FL		
DEFUNIAK SI	PRINGS, FL 32433	DEFUNIAK SPRINGS, FL 32	2433	01/05/070100	' 1 ' ' ' ' ' 1	
		1 - 11 11 11 11 11 11				
2. Principal Place of Business - No P.O. Box # 909/ A State Highway 83 N		3. Mailing Address 9091 State Highway 83 N				
Suite, Apt.	#, etc. <del>{</del> e A	Suite, Apt. #, etc	<del></del>	01042007 Chg-LLC	CR2E083 (12/06)	
Defuniak Spring < FI		Detuniak Springs FL		4. FEI Number	Applied For Not Applicable	
Zip 3	ZOURS Country		Country	5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New	Fee Required Registered Agent	
Name -				nance Moran Car		
KIEFER, BRYAN ESQ. 1101 GULF BREEZE PARKWAY			S Q D 17 S	SI 9047 STATE HWY 83 Not Agceptable)		
#207 GULF BRE	#207 GULF BREEZE, FL 32561			Defunial Springs FL		
002. 5	<b>1422</b> , ( ) 0200 /		City	+11 JOHNSZER	To Code Lo	
8. The above	named entity submits this statement for	the purpose of changing its regi	stered office or registe	red agent, or both, in the State of F	lorida Lam tamiliar with and accept	
8. The above named entity sugnits 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 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
					DAIL .	
Filing Fee is \$50.00 Due by May 1, 2007					ke check payable to la Department of State	
9.	MANAGING MEMBE		10.	ADDITIONS	CHANGES	
TITLE NAME	MGRM MORAN, MARSHALL	Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	5096 DAVIS ROAD		STREET ADDRESS			
CITY-\$T-ZIP	FLORALA, AL 36442	Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME	MORAN, GREGORY	Delete	NAME		Change Addition .	
STREET ADDRESS CITY-ST-ZIP	9091 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433		STREET ADDRESS CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	MORAN, RAY		NAME			
STREET ADDRESS CITY-\$T-ZIP	9075 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433		STREET ADDRESS CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	CARROLL, STEPHANIE 9047 STATE HIGHWAY 83		NAME STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	1	☐ Change ☐ Addition	
NAME Street address			NAME STREET ADDRESS	11.11	iM,	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	11416	'.'/	
TITLE NAME		☐ Delete	TITLE	1 11	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS	( M	ω.	
CITY-ST-ZIP			CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 eyecute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: January January 1-4-2007 850-830-1014 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destruct Proper						
	ibility company or the receiver or trustee	empowered to execute this repo	nt as required by Chap	•		