

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000087716

1. Entity Name
MARK 7 ENTERPRISES, LLC



Principal Place of Business
**10609 WHITESTONE CT.
ORLANDO, FL 32817 US**

Mailing Address
**10609 WHITESTONE CT.
ORLANDO, FL 32817 US**

FILED
Feb 29, 2008 08:00 AM
Secretary of State



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5502959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNN, JOHN
10609 WHITESTONE CT.
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, JOHN 10609 WHITESTONE CT. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, ANN 2958 KLEEMAN RD CINCINNATI, OH 45211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAMAN, ARTHUR WAYNE 1673 NOTTINGHAM DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/08-80030-022 143.75

**DO NOT WRITE
IN THIS SPACE**

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: *John Dunn* *John Dunn*

2-26-08

407.679-5403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #